Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF OHIO		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's	Rebecca First name	First name	
	license or passport).	Middle name	Middle name	
	Bring your picture identification to your	Horvath		
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you have used in the last 8 years			
	Include your married or maiden names and any assumed, trade names and doing business as names.			
	Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-8666		

Del	otor 1 Rebecca L Horvath			Case number (if known)
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
4.	Your Employer Identification Number			
	(EIN), if any.	EIN	-	EIN
5.	Where you live			If Debtor 2 lives at a different address:
		3479 East Tuscarawas Ext. Barberton, OH 44203		
		Number, Street, City, State & ZIP Code Summit		Number, Street, City, State & ZIP Code
		County	-	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.		If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code		Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7							
	choosing to file under								
		☐ Chap	ter 11						
		☐ Chap	ter 12						
		■ Chap	ter 13						
8.	How you will pay the fee	abo	out how yo	ou may pay. Typi attorney is subn	cally, if you are paying the fee yo	ck with the clerk's office in your local courself, you may pay with cash, cashie alf, your attorney may pay with a cred	er's check, or money		
					allments. If you choose this option (Official Form 103A).	on, sign and attach the Application for	Individuals to Pay		
		☐ Ire	equest the	at my fee be wai	ived (You may request this option	n only if you are filing for Chapter 7. Bour income is less than 150% of the of			
		apı	plies to yo	ur family size and	d you are unable to pay the fee i	n installments). If you choose this opticial Form 103B) and file it with your pe	on, you must fill out		
9. Have you filed for bankruptcy within the ■ No.									
	last 8 years?	☐ Yes.							
			District		When	Case number			
			District		When	Case number			
			District		When	Case number			
10.	Are any bankruptcy cases pending or being	■ No							
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.							
			Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District		When	Case number, if known			
11.	Do you rent your residence?	■ No.	Go to	line 12.					
	residence?	☐ Yes.	Has y	our landlord obta	ined an eviction judgment agains	st you?			
				No. Go to line 1	12.				

Debtor 1 Rebecca L Horvath

Deb	otor 1 Rebecca L Horvath	ì			Case number (if known)	
Par	t 3: Report About Any Bu	ısinesses	You Ow	n as a Sole Proprieto	or	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	■ No. Go to Part 4.			
		☐ Yes.	Nam	e and location of busi	ness	
	A sole proprietorship is a					
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			e of business, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach		Numi	ber, Street, City, State	e & ZIP Code	
	it to this petition.		Chec	k the appropriate box	to describe your business:	
				Health Care Busine	ess (as defined in 11 U.S.C. § 101(27A))	
				Single Asset Real I	Estate (as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as de	fined in 11 U.S.C. § 101(53A))	
				Commodity Broker	(as defined in 11 U.S.C. § 101(6))	
				None of the above		
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S. C. § 1182(1)? For a definition of small business debtor, see 11 U.S.C. § 101(51D).	proceed you are of cash-flow § 1116(1) ■ No. □ No. □ Yes. □ Yes.	under Suchoosing vistateme (IB). I am Code I am I do r I am choo	subchapter V so that it of to proceed under Subent, and federal incommot filing under Chapter 1 e. se to proceed under S	ourt must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or ochapter V, you must attach your most recent balance sheet, statement of operations, in etax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. et al. 1, but I am NOT a small business debtor according to the definition in the Bankruptcy 1, I am a small business debtor according to the definition in the Bankruptcy Code, and I under Subchapter V of Chapter 11. 1, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11. Property That Needs Immediate Attention	
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and	■ No.	What is	the hazard?		
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			diate attention is , why is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where i	is the property?		
					Number, Street, City, State & Zip Code	

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	tor 1 Rebecca L Horvath	l		Case number	er (if known)
Part	6: Answer These Quest	ons for Re	eporting Purposes		
16.	What kind of debts do you have?	16a.	Are your debts primarily consur individual primarily for a personal,		ined in 11 U.S.C. § 101(8) as "incurred by an
			■ No. Go to line 16b.		
			☐ Yes. Go to line 17.		
		16b.		ss debts? Business debts are debts at or through the operation of the bus	
			☐ No. Go to line 16c.		
			Yes. Go to line 17.		
		16c.	State the type of debts you owe th	at are not consumer debts or busine	ss debts
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapter 7. Go	to line 18.	
	Do you estimate that after any exempt property is excluded and	☐ Yes.		u estimate that after any exempt prope to distribute to unsecured creditors	perty is excluded and administrative expenses ?
	administrative expenses		□ No		
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes		
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-19 □ 200-99	· -	☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000
19.	How much do you estimate your assets to be worth?	\$100,0	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
20.	How much do you estimate your liabilities to be?	□ \$100,0	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion
Part	7: Sign Below				
For	you	I have ex	amined this petition, and I declare u	under penalty of perjury that the infor	mation provided is true and correct.
				aware that I may proceed, if eligible vailable under each chapter, and I cl	, under Chapter 7, 11,12, or 13 of title 11, hoose to proceed under Chapter 7.
			ney represents me and I did not pa t, I have obtained and read the noti	y or agree to pay someone who is not ce required by 11 U.S.C. § 342(b).	ot an attorney to help me fill out this
		I request	relief in accordance with the chapte	er of title 11, United States Code, spe	ecified in this petition.
		bankrupto and 3571	ey case can result in fines up to \$25.		or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,
		Rebecca	cca L Horvath L Horvath of Debtor 1	Signature of Debto	or 2
		Executed	on July 26, 2023 MM / DD / YYYY	Executed on MN	M / DD / YYYY

Debtor 1	Rebecca L Horvath	Case number (if known)	

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Date	July 26, 2023 MM / DD / YYYY
mail address	
	Date mail address

Debtor 1 Rebecca L Horvath First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name		
First Name Middle Name Last Name Debtor 2		
United States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO		
Case number (if known)] Chec	k if this is an
	amen	ided filing
000		
Official Form 106Sum		
Summary of Your Assets and Liabilities and Certain Statistical Information Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for s		12/15
information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended		
your original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Part 1: Summarize Your Assets		
	Your a	issets of what you own
Schedule A/B: Property (Official Form 106A/B)		•
1a. Copy line 55, Total real estate, from Schedule A/B	\$	281,940.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$	58,114.22
1c. Copy line 63, Total of all property on Schedule A/B	\$	340,054.22
Part 2: Summarize Your Liabilities		
	Your I	iabilities
		nt you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	474,024.23
		,
 Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F 	\$	0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	163,016.36
Г		
Your total liabilities \$		637,040.59
Part 3: Summarize Your Income and Expenses		
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	10,000.00
5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,088.90
Part 4: Answer These Questions for Administrative and Statistical Records		
6. Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your or the court with your o	other sc	hedules.
Yes 7. What kind of debt do you have?		

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

|--|

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_			_

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$
9d. Student loans. (Copy line 6f.)	\$
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$
9g. Total. Add lines 9a through 9f.	\$

NORTHER NORTHER Peribe items. List curate as possible as parate siding, Land, or Other	le. If two marri heet to this for ther Real Estat	Last Name Last Name OF OHIO Once. If an asset fits in more tied people are filing together, krm. On the top of any additionate You Own or Have an Interest building, land, or similar prop	ooth are equally resp al pages, write your t In	onsible for su	pplying correct
NORTHER NORTHER Peribe items. List curate as possible as parate siding, Land, or Other	an asset only le. If two marri heet to this for the Real Estate	OF OHIO Once. If an asset fits in more tied people are filing together, brm. On the top of any additionate You Own or Have an Interest	ooth are equally resp al pages, write your t In	onsible for su	amended filing 12/15 the category where you applying correct
perty pribe items. List curate as possible ach a separate siding, Land, or Ot	an asset only le. If two marri heet to this for	once. If an asset fits in more tied people are filing together, brm. On the top of any additionate You Own or Have an Interest	ooth are equally resp al pages, write your t In	onsible for su	amended filing 12/15 the category where you applying correct
DPERTY cribe items. List curate as possible and a separate sepa	an asset only le. If two marri heet to this foi her Real Estat	once. If an asset fits in more t ied people are filing together, k rm. On the top of any additiona te You Own or Have an Interest	ooth are equally resp al pages, write your t In	onsible for su	amended filing 12/15 the category where you applying correct
cribe items. List curate as possible ach a separate si ding, Land, or Ot	le. If two marri heet to this for ther Real Estat	ied people are filing together, k rm. On the top of any additiona te You Own or Have an Interest	ooth are equally resp al pages, write your t In	onsible for su	amended filing 12/15 the category where you applying correct
cribe items. List curate as possible ach a separate si ding, Land, or Ot	le. If two marri heet to this for ther Real Estat	ied people are filing together, k rm. On the top of any additiona te You Own or Have an Interest	ooth are equally resp al pages, write your t In	onsible for su	12/15 the category where you applying correct
tion	■ Sing	e property? Check all that apply gle-family home plex or multi-unit building adominium or cooperative	the amoun	t of any secure	aims or exemptions. Put d claims on <i>Schedule D:</i> ms Secured by Property.
14203-0000 ZIP Code	☐ Man ☐ Land ☐ Inve	estment property eshare	entire pro \$1 Describe t	98,460.00 the nature of y	
	Who has a Deb Deb	on interest in the property? Check otor 1 only otor 2 only otor 1 and Debtor 2 only	a life estar	te), if known.	
	ZIP Code	☐ Tim ☐ Oth Who has a ☐ Deb ☐ Deb ☐ At le Other info	Timeshare Other Who has an interest in the property? Che Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anoth Other information you wish to add about	Timeshare Other Other Describe (such as f a life estar) Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Describe (such as f a life estar) Check one Describe (such as f a life estar) (such as f a life estar) A life estar	Timeshare Other Describe the nature of y (such as fee simple, ten a life estate), if known. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local

	If you own or have	e more th	nan one, list he			
1.2	430 & 432 Moras	an Stroot		What is the property? Check all that apply		
	430 & 432 Morga Street address, if availab		scription	Single-family home		claims or exemptions. Put ed claims on <i>Schedule D:</i>
	on our address, in availab	.0, 0, 0, 0, 0	эсприст	Duplex or multi-unit building		nims Secured by Property.
				Condominium or cooperative		
				■ Manufactured or mobile home		
	Barberton	ОН	44203-0000	Land	Current value of the entire property?	Current value of the portion you own?
	City	State	ZIP Code	☐ Investment property	\$83,480.00	\$83,480.00
	•			☐ Timeshare		
				☐ Other		your ownership interest nancy by the entireties, or
				Who has an interest in the property? Check one	a life estate), if known.	
				Debtor 1 only		
	Summit			Debtor 2 only		
	County			☐ Debtor 1 and Debtor 2 only	☐ Check if this is co	mmunity property
				At least one of the debtors and another	(see instructions)	minumity property
				Other information you wish to add about this ite	em, such as local	
				property identification number:		
				Situated in the County of Summit in the	State of Ohio and in the	ne City of
				Barberton: Known as all of Lot #87 in the Barbertor	Cardens Allotment	as recorded in Plat
				Book 41, Pages 36 and 36, Summit Cou		
				from the East 9 feet, front and rear.	and, records or read,	oncopung more
				for all of your entries from Part 1, including an at number here		\$281,940.00
	pages you have all	aciieu ioi	rait i. write tii	at Humber Here		
Part	2: Describe Your Ve	ehicles				
Do v	ou own. lease. or h	nave legal	or equitable int	erest in any vehicles, whether they are register	red or not? Include any	vehicles you own that
				port it on Schedule G: Executory Contracts and Ur		vernoies you own that
	ana wana tuwaka t		ant utilitu valaia	lee meterovalee		
3. C	ars, vans, trucks, t	ractors, sp	ort utility venic	ies, motorcycles		
	No					
	Yes					
	. 00					
2.1	Make: Chevy			Mho has an interest in the property? Observer	Do not deduct secured	claims or exemptions. Put
3.1	0.1			Who has an interest in the property? Check one	the amount of any secu	red claims on Schedule D:
		iuu		Debtor 1 only	Creditors who have Ci	aims Secured by Property.
	Year: 2015	101		Debtor 2 only	Current value of the	Current value of the
	Approximate mileage Other information:	je: 		Debtor 1 and Debtor 2 only	entire property?	portion you own?
	KBB PPV			At least one of the debtors and another		
	KDDFFV			☐ Check if this is community property	\$21,944.00	\$21,944.00
				(see instructions)		
	,					
3.2	_{Make:} Porsch	ne		Who has an interest in the property? Check one		claims or exemptions. Put
5.2	M			_		red claims on Schedule D: aims Secured by Property.
		•		Debtor 1 only		
	Year: 2017 Approximate mileage			Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
	Other information:	Jc		Debtor 1 and Debtor 2 only	entine property r	portion you own?
	KBB PPV			At least one of the debtors and another		
	INDD LEA		J			
				☐ Check if this is community property	\$32,540.00	\$32,540.00

Debtor 1

Rebecca L Horvath

Debtor	1 Rebecca L Horvath	Case number (if known)	-
	rcraft, aircraft, motor homes, ATVs and other recreational vehicle ples: Boats, trailers, motors, personal watercraft, fishing vessels, snow		
■ No			
☐ Ye	S		
	the dollar value of the portion you own for all of your entries from the season you have attached for Part 2. Write that number here		\$54,484.00
Part 3:	Describe Your Personal and Household Items		
	own or have any legal or equitable interest in any of the followir	ng items?	Current value of the
			portion you own?Do not deduct secured claims or exemptions.
	ehold goods and furnishings nples: Major appliances, furniture, linens, china, kitchenware		
■ Ye	es. Describe		
	Misc. items (nothing individually worth ove	er \$500)	\$2,500.00
	mples: Televisions and radios; audio, video, stereo, and digital equipm including cell phones, cameras, media players, games	nent; computers, printers, scanners; music c	collections; electronic devices
□ No	o es. Describe		
_ ''			
	3 Tv's		\$300.00
Exar	ctibles of value nples: Antiques and figurines; paintings, prints, or other artwork; book other collections, memorabilia, collectibles o es. Describe	s, pictures, or other art objects; stamp, coin,	, or baseball card collections;
Exar	pment for sports and hobbies mples: Sports, photographic, exercise, and other hobby equipment; bi musical instruments	cycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
■ No	o es. Describe		
■ No	amples: Pistols, rifles, shotguns, ammunition, and related equipment		
11. Clo t		accessories	
■ Ye	es. Describe		
	Misc. items of clothing		\$500.00
12. Jew <i>Exa</i> □ No	amples: Everyday jewelry, costume jewelry, engagement rings, weddi	ng rings, heirloom jewelry, watches, gems, ξ	gold, silver

Debtor 1

Yes. Describe.....

De	ebtor 1 Rebecca L F	lorvath		Case number (if known)
		ring &	earrings		\$300.00
	Non-farm animals Examples: Dogs, cats, □ No ■ Yes. Describe	birds, ho	rses		
		3 dogs 13 cat			\$0.00
	Any other personal ar ■ No □ Yes. Give specific in		-	already list, including any health aids you did not list	
15				, including any entries for pages you have attached	\$3,600.00
Pa	rt 4: Describe Your Fina	ncial Asset	ts		
Do	you own or have any	legal or e	equitable interest in any	of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No		our wallet, in your home,	in a safe deposit box, and on hand when you file your peti	tion
	institutions			; certificates of deposit; shares in credit unions, brokerage the same institution, list each.	houses, and other similar
	□ No ■ Yes			Institution name:	
		17.1.	Checking	Huntington National Bank x8265-Account has a negative balance	\$0.00
		17.2.	Business checking	Huntington National Bank x6516-Account has a negative balance	\$0.00
		17.3.	Business checking	Huntington National Bank x2568	\$30.22
	_			age firms, money market accounts	
	■ No □ Yes		Institution or issuer name	e:	
	Non-publicly traded s joint venture ☐ No	tock and	interests in incorporate	ed and unincorporated businesses, including an intere	est in an LLC, partnership, and
	Yes. Give specific in		about them	% of ownership:	

		Four Corners Cleaning, 3 computers 2 ipads 18 scrubbers 4 cell phones	Inc.	100	%	\$0.00
20.	Government and corporate I Negotiable instruments includ Non-negotiable instruments a No	de personal checks, cashie are those you cannot trans	ers' checks, promissory notes,	and money orders.		
	☐ Yes. Give specific information	on about them Issuer name:				
21.	Retirement or pension accoreing Examples: Interests in IRA, E		(b), thrift savings accounts, or	other pension or profit-sh	aring plans	
	☐ Yes. List each account sepa	arately. pe of account:	Institution name:			
22.	Security deposits and prepa Your share of all unused depo Examples: Agreements with la	osits you have made so th			ompanies, or ot	ners
	■ No □ Yes		Institution name or individ	lual:		
23.	Annuities (A contract for a pe ■ No □ Yes	eriodic payment of money t	to you, either for life or for a n	umber of years)		
24.	Interests in an education IRA	·	lified ABLE program, or und	ler a qualified state tuition	on program.	
	26 U.S.C. §§ 530(b)(1), 529A(log No				p. og. u	
		on name and description. S	Separately file the records of a	any interests.11 U.S.C. § 5	521(c):	
25.	Trusts, equitable or future in No	nterests in property (othe	er than anything listed in lin	e 1), and rights or powe	rs exercisable	for your benefit
	☐ Yes. Give specific informati	ion about them				
26.	Patents, copyrights, tradema Examples: Internet domain no ■ No			greements		
	☐ Yes. Give specific informati	ion about them				
27.	Licenses, franchises, and of Examples: Building permits, € ■ No □ Yes. Give specific informati	exclusive licenses, coopera	ative association holdings, liqu	uor licenses, professional	licenses	
M	oney or property owed to you	1?			por Do	rent value of the tion you own? not deduct secured ms or exemptions.
28.	Tax refunds owed to you ■ No					·
	☐ Yes. Give specific information	on about them, including w	hether you already filed the re	eturns and the tax years		
29.	Family support Examples: Past due or lump s ■ No □ Yes. Give specific information		port, child support, maintenan	ce, divorce settlement, pro	operty settleme	nt

Debtor 1

Rebecca L Horvath

Official Form 106A/B Schedule A/B: Property page 5

30.	benefits; unpaid loans yo		sick pay, vacation pay, workers' compe	ensation, Social Security
	■ No□ Yes. Give specific information			
	Interests in insurance policies	osurance: health savings account (HSA); credit, homeowner's, or renter's insura	ince
	■ No	isaranos, neakii savings asseant (nex.	r, ordan, nomeowner e, or remore a moure	1100
	Yes. Name the insurance company Compa	of each policy and list its value. ny name:	Beneficiary:	Surrender or refund value:
	Any interest in property that is due If you are the beneficiary of a living t someone has died. ■ No □ Yes. Give specific information		nce policy, or are currently entitled to red	ceive property because
	Tes. Give specific information			
33.		ner or not you have filed a lawsuit or lisputes, insurance claims, or rights to s		
	Tes. Describe each claim			
		Back rent against James McCoy	- \$8,000 - likely uncollectable	\$0.00
		Claim against Tim Horvath-Liens	s on 430 & 432 Morgan Street	Unknown
34.	Other contingent and unliquidated No Yes. Describe each claim	claims of every nature, including co	unterclaims of the debtor and rights t	o set off claims
35.	Any financial assets you did not al	ready list		
	■ No	•		
	☐ Yes. Give specific information			
36		entries from Part 4, including any er		\$30.22
Pa	rt 5: Describe Any Business-Related Pr	operty You Own or Have an Interest In. Lis	st any real estate in Part 1.	
	•	•	•	
	No. Go to Part 6.	ole interest in any business-related proper	ty?	
_	Yes. Go to line 38.			
•	_ 100. C0 to iiii0 00.			
Pa	Describe Any Farm- and Commerc If you own or have an interest in farm	ial Fishing-Related Property You Own or I land, list it in Part 1.	Have an Interest In.	
46.	Do you own or have any legal or e	quitable interest in any farm- or com	mercial fishing-related property?	
	■ No. Go to Part 7.	•	- · · ·	
	☐ Yes. Go to line 47.			
Pa	ort 7: Describe All Property You Ow	n or Have an Interest in That You Did Not	List Above	

Debtor 1

Rebecca L Horvath

Official Form 106A/B Schedule A/B: Property page 6

•	Do you have other property of any kind you did not already Examples: Season tickets, country club membership No Yes. Give specific information	list?			
54.	Add the dollar value of all of your entries from Part 7. Write	e that	number here		\$0.00
Part	8: List the Totals of Each Part of this Form				
55.	Part 1: Total real estate, line 2				\$281,940.00
56.	Part 2: Total vehicles, line 5		\$54,484.00		
57.	Part 3: Total personal and household items, line 15		\$3,600.00		
58.	Part 4: Total financial assets, line 36		\$30.22		
59.	Part 5: Total business-related property, line 45		\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52		\$0.00		
61.	Part 7: Total other property not listed, line 54	+ _	\$0.00		
62.	Total personal property. Add lines 56 through 61	_	\$58,114.22	Copy personal property to	otal \$58,114.22
63.	Total of all property on Schedule A/B. Add line 55 + line 62				\$340,054.22

Debtor 1

Rebecca L Horvath

KRISTEN M. SCALISE, CPA, CFE Summit County Fiscal Officer Consideration: EXEMPT F TRANSFERRED

11/19/2021#21198

By: Dave Carano, Deputy Fiscal Officer in compliance with ORC 319.202

56695687

Description approved by Tax Maps Approval good for 30 days from B: CO P: 16

Page 1 of 3 Summit Fiscal Officer KRISTEN M. SCALISE, CPA, CFE Recording Fee: \$42.00 Recorded 11/19/2021 02:36:26 PM

Quit Claim Deed

KNOW ALL MEN BY THESE PRESENTS

THAT TIMOTHY J. HORVATH (an unmarried man), Grantor, for divers good causes and considerations thereunto moving, and especially for the sum of One Dollar (\$1.00) received to his full satisfaction of REBECCA L. HORVATH (an unmarried woman), Grantee, has GIVEN, GRANTED, REMISED, RELEASED AND FOREVER QUIT-CLAIMED, and does by these presents absolutely give, grant, remise, release and forever quit-claim unto the said Grantee, her heirs and assigns forever, all such right and title as the said Grantor, has or ought to have in and to the following described piece or parcel of land:

Situated in the City of Barberton, County of Summit and State of Ohio; And known as being Lot. No. 3 in the Rose Acres Allotment as recorded in Plat Book 41, pages 54, 58 and 59, Summit County Records. Said premises are subject to all legal highways.

EXCEPTION.

Situated in the City of Barberton, County of Summit and State of Ohio: and known as being part of Lot No. 3 in the Rose Acres Allotment, as recorded in Plat Book 41, Pages 57-59 of the Summit County Records more fully described as follows: Beginning at the Northeasterly corner of said Lot No. 3; thence along N.E. line of said Lot No. 3, N. 34 deg. 41° 03" W., a distance of 289.15 feet to a drill hole set the N.W. Corner thereof and Easterly right of way line of Tuscarawas Ave. Ext. (50 feet wide); thence along the N.W. line of said Lot No. 3 and said Easterly Road right of way S. 30 deg. 38' 18" W., a distance of 9.43 feet to an 5/8" I.P. set therein, thence S. 36 deg. 03' 03" E., a distance of 285.30 feet to a point in the S.E. line of said Lot No. 3; thence along said S.E. Line N. 55 deg. 20' E., a distance of 1.76 feet to the place of beginning containing 0.0342 acres of land more or less as surveyed by Gaskill & Associates, April 12, 1984, but subject to all legal easements, rights, covenants and restrictions of record, if any.

56695687 Page 2 of 3

Subject to: Easements, restrictions, reservations and agreements of record, zoning ordinances, and current taxes and special assessments.

Parcel number 74-00118 01-10582

Routing No: CO-00167-10-011.000 00-00167-01-120.000

More commonly known as 3479 E. Tuscarawas Ext. Barberton, Ohio 44203.

TO HAVE AND TO HOLD the premises aforesaid, with the appurtenances thereunto belonging to said Grantee, her heirs and assigns so that neither the said Grantor, nor his heirs, nor any other persons claiming title through or under him shall or will hereafter claim or demand any right to title to the premises or any part thereof; but they and every one of them shall by these presents be excluded and forever barred.

IN WITNESS WHEREOF, I have hereunto set my hand, the 18th day of in the year two thousand twenty-one.

Signed and acknowledged in the presence of:

Fill in this information to identify your case:								
Debtor 1	Rebecca L Horvat	h						
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF OHIO					
Case number (if known)				☐ Check if this is an amended filing				

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

rief description of the property and line on Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption		
Copy the value from Schedule A/B	Check o			
\$198,460.00		\$161,375.00	Ohio Rev. Code Ann. § 2329.66(A)(1)	
			2020.00((1)(1)	
\$32,540.00	9 1 0.00		Ohio Rev. Code Ann. § 2329.66(A)(2)	
\$32,540.00		\$1,475.00	Ohio Rev. Code Ann. § 2329.66(A)(18)	
			2020.00(1)(10)	
\$2,500.00		\$2,500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
		· ·	2020.00(1)(1)(0)	
\$300.00		\$300.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
			2020.00(1)(4)(a)	
	\$198,460.00 \$32,540.00 \$2,500.00	\$32,540.00 \$\bigsquare\text{\$32,540.00}\$ \$\bigsquare\text{\$32,540.00}\$ \$\bigsquare\text{\$32,540.00}\$ \$\bigsquare\text{\$32,540.00}\$ \$\bigsquare\text{\$32,540.00}\$ \$\bigsquare\text{\$32,540.00}\$ \$\bigsquare\text{\$32,500.00}\$ \$\bigsquare\text{\$3300.00}\$ \$\bigsquare\text{\$300.00}\$ \$\bigsquare\text{\$300.00}\$	Copy the value from Schedule A/B \$198,460.00 \$161,375.00 100% of fair market value, up to any applicable statutory limit \$32,540.00 \$100% of fair market value, up to any applicable statutory limit \$32,540.00 \$100% of fair market value, up to any applicable statutory limit \$2,500.00 \$2,500.00 \$100% of fair market value, up to any applicable statutory limit \$2,500.00 \$32,500.00 \$300.00	

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.		Specific laws that allow exemption		
	Misc. items of clothing Line from <i>Schedule A/B</i> : 11.1	\$500.00		\$500.00 00% of fair market value, up to by applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)		
	ring & earrings Line from <i>Schedule A/B</i> : 12.1	\$300.00		\$300.00 00% of fair market value, up to ny applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)		
3.	 Are you claiming a homestead exemption of more than \$189,050? (Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.) No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No 						

Debtor 1 Rebecca L Horvath

☐ Yes

Fill in this informat	tion to identify you	ur case:					
Debtor 1	Rebecca L Horv	ath					
=	First Name	Middle Name Last Nam	e				
Debtor 2 (Spouse if, filing)	First Name	Middle Name Last Nam	e				
United States Bankr	uptcy Court for the	: NORTHERN DISTRICT OF OHIO					
Case number							
(if known)						□ Check	if this is an
						_	led filing
							-
Official Form	<u>106D</u>						
Schedule D	: Creditors	s Who Have Claims Secu	red by P	Propert	y		12/15
		If two married people are filing together, both a out, number the entries, and attach it to this for					
1. Do any creditors ha	ve claims secured b	y your property?					
□ No. Check th	is box and submit t	his form to the court with your other schedule	s. You have n	othing else t	o report or	n this form.	
Yes. Fill in all	l of the information	below.					
Part 1: List All S	ecured Claims						
		more than one secured claim, list the creditor separ	Columi	n A	Column E	3	Column C
for each claim. If more	than one creditor has	s a particular claim, list the other creditors in Part 2. ical order according to the creditor's name.	As Amour Do not	nt of claim deduct the of collateral.		collateral ports this	Unsecured portion If any
2.1 Ally Financia	l, Inc	Describe the property that secures the claim:		7,049.00	Claim	\$0.00	\$17,049.00
Creditor's Name	,	Co-signer on son's vehicle	7	,			
Attn: Bankrup 500 Woodard	d Ave	As of the date you file, the claim is: Check all the apply.	at				
Detroit, MI 48		Contingent					
Number, Street, Cit	y, State & Zip Code	Unliquidated					
Who owes the debt	? Check one	☐ Disputed Nature of lien. Check all that apply.					
_	Officer offic.	☐ An agreement you made (such as mortgage of	or secured				
■ Debtor 1 only ■ Debtor 2 only		car loan)	i secureu				
Debtor 1 and Debto	or 2 only	☐ Statutory lien (such as tax lien, mechanic's lie	n)				
☐ At least one of the	•	☐ Judgment lien from a lawsuit	11)				
Check if this claim community debt		Other (including a right to offset)					
	Opened 01/23 Last Active						
Date debt was incurre		Last 4 digits of account number 57	97				

Debtor 1 Rebecca L Horvath	Case number (if known)				
First Name Middle N	ame Last Name				
2.2 Chase Auto Finance	Describe the property that secures the claim:	\$12,275.00	\$32,540.00	\$0.00	
Creditor's Name	2017 Porsche Macan			-	
Attn: Bankruptcy Po Box 901076 Fort Worth, TX 76101	As of the date you file, the claim is: Check all that apply. Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt	 □ An agreement you made (such as mortgage or s car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset) 	ecured			
Opened 05/17 Last Active Date debt was incurred 5/15/23	Last 4 digits of account number 3616	<u> </u>			
2.3 Huntington National Bank	Describe the property that secures the claim:	\$245,193.00	\$198,460.00	\$46,733.00	
Creditor's Name Attn: Bankruptcy Po Box 89424 Cleveland, OH 44101	3479 East Tuscarawas Ext. Barberton, OH 44203 Summit County See attached legal descripton As of the date you file, the claim is: Check all that apply. ☐ Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage or s car loan)	ecured			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)				
At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset)				
Opened 11/04 Last Date debt was incurred Active 06/23	Last 4 digits of account number 2410				

Debtor 1 Rebecca L Horvath	Case number (if known)				
First Name Middle Na					
2.4 Internal Revenue Service	Describe the property that secures the claim:	\$91,765.38	\$83,480.00	\$71,093.38	
Creditor's Name	430 & 432 Morgan Street Barberton, OH 44203 Summit County Situated in the County of Summit in the State of Ohio and in the City of Barberton: Known as all of Lot #87 in the				
PO Box 7346 Philadelphia, PA 19101-7346	Barberton Gardens Allotment, as recorded in Plat Book 41, Pages As of the date you file, the claim is: Check all that apply. Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.	d			
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage or s car loan)	secured			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)				
At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	Other (including a right to offset)				
Date debt was incurred 2018-2019	Last 4 digits of account number				
2.5 PHH/New Res Mtg	Describe the property that secures the claim:	\$62,808.00	\$83,480.00	\$0.00	
Creditor's Name	430 & 432 Morgan Street Barberton,				
	OH 44203 Summit County				
	Situated in the County of Summit in the				
	State of Ohio and in the City of				
	Barberton: Known as all of Lot #87 in the				
	Barberton Gardens Allotment, as				
D.O. Day 24720	recorded in Plat Book 41, Pages				
P.O. Box 24738 West Palm Beach, FL	As of the date you file, the claim is: Check all that apply.				
33416	Contingent				
Number, Street, City, State & Zip Code	Unliquidated				
Who owes the debt? Check one.	Disputed Nature of lien. Check all that apply.				
	Mature of fiert. Check all that apply.				
_	An agreement you made (auch as mortages or	a aura d			
Debtor 1 only	☐ An agreement you made (such as mortgage or s car loan)	secured			
■ Debtor 1 only □ Debtor 2 only	car loan)	secured			
■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only	car loan) ☐ Statutory lien (such as tax lien, mechanic's lien)	secured			
■ Debtor 1 only □ Debtor 2 only	car loan)	secured			

Deb	tor 1 Rebecca L Horvath		Case	number (if known)		
	First Name Middle N	ame Last Name				
2.6	Santander Consumer USA	Describe the property that secures the clai	m:	\$35,260.00	\$21,944.00	\$13,316.00
2.0	Creditor's Name	2015 Chevy Silverado		Ψ00,200.00	Ψ21,011.00	Ψ10,010.00
		20.00 00.1, 00				
		As of the date you file, the claim is: Check at	Lthat			
	PO Box 660633	apply.	rtiat			
	Dallas, TX 75266	Contingent				
	Number, Street, City, State & Zip Code	Unliquidated				
Who	owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
_	Pebtor 1 only	☐ An agreement you made (such as mortgage	e or secured			
_	Pebtor 2 only	car loan)	je di secureu			
	Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	lien)			
_	t least one of the debtors and another	☐ Judgment lien from a lawsuit	,			
_	Check if this claim relates to a	☐ Other (including a right to offset)				
_	community debt					
Date	debt was incurred	Last 4 digits of account number	2509			
Date	dest was incurred		2309			
2.7	Service Finance	Describe the property that secures the clai	m:	\$9,673.85	\$198,460.00	\$9,673.85
2.1	Creditor's Name	3479 East Tuscarawas Ext. Barbert		ψ9,073.03	Ψ130,400.00	ψ3,073.03
		OH 44203 Summit County	011,			
		See attached legal descripton				
	P.O. Box 645487	As of the date you file, the claim is: Check at apply.	I that			
	Cincinnati, OH 45264	☐ Contingent				
	Number, Street, City, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who	o owes the debt? Check one.	Nature of lien. Check all that apply.				
	ebtor 1 only	An agreement you made (such as mortgage	e or secured			
	ebtor 2 only	car loan)				
	Pebtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	lien)			
_	t least one of the debtors and another	Judgment lien from a lawsuit				
	check if this claim relates to a community debt	Other (including a right to offset)				
	community debt					
Date	debt was incurred	Last 4 digits of account number	6647			
					1	
	•	column A on this page. Write that number her the dollar value totals from all pages.	e:	\$474,024.		
	ite that number here:	the donar value totals from all pages.		\$474,024.	23	
Dowl	2. List Others to Be Notified to	ar a Daht That Var. Already Listed				
		or a Debt That You Already Listed				
		e notified about your bankruptcy for a debt to				
		t you listed in Part 1, list the additional credit	ors here. If yo	ou do not have addit	ional persons to be not	ified for any
	s in Part 1, do not fill out or submit th	ns page.				
[]	Name, Number, Street, City, State 8	& Zip Code	On which line	in Part 1 did vou ente	r the creditor? 2.1	
	Ally Financial, Inc	·	OTT WITHOUT HITO	in rait raid you onto		
	P.o. Box 380901		Last 4 digits of	of account number		
	Bloomington, MN 55438					
[]						
. 1	Name, Number, Street, City, State &		On which line	in Part 1 did you ente	r the creditor? 2.4	
	Attorney General of the U.S U.S. D.O.J. Tax Division	•	Last 4 digita a	of account number		
	Civil Trial Section, N.Region		Last 4 ulgits (of account number		
	P.O. Box 55, Ben Franklin S					
	Washington, DC 20044					

Debtor	Rebecca L Horvath			Case number (if known)		
	First Name	Middle Name	Last Name			
[]	Name, Number, Stre Chase Auto Fina 700 Kansas Lar Monroe, LA 712	ie		On which line in Part 1 did you enter the creditor? 2.2 Last 4 digits of account number		
[]	Name, Number, Stre Huntington Nation Po Box 1558 Columbus, OH			On which line in Part 1 did you enter the creditor? Last 4 digits of account number		
[]	Name, Number, Stre Internal Revenu Insolvency Grou 1240 East Ninth Room 493 Cleveland, OH 4	ip 6 Street		On which line in Part 1 did you enter the creditor? Last 4 digits of account number		
[]	United States And Northern Distriction	t of Ohio renue, Suite 400		On which line in Part 1 did you enter the creditor? Last 4 digits of account number		

Fill in t	his informa	ation to identify your	case:						
Debtor	1	Rebecca L Horvath	<u> </u>						
DCDIO		First Name	Middle Na	ame	Last Name				
Debtor	2								
(Spouse if	f, filing)	First Name	Middle Na	ame	Last Name				
United S	States Bank	kruptcy Court for the:	NORTHERN	DISTRICT OF C	HIO				
Case no				_					
(if known)								_	Check if this is an
								a	mended filing
Officia	al Form	106E/F							
		F: Creditors W	ho Have	Unsecured	l Claims				12/15
Schedule Schedule left. Attac name and	e G: Executor c D: Creditor ch the Conti d case numb	acts or unexpired leases ory Contracts and Unexp rs Who Have Claims Sec nuation Page to this pag per (if known).	ired Leases (Of ured by Propert e. If you have n	ficial Form 106G). ty. If more space is so information to re	Do not include needed, copy	any creditors the Part you ne	with partially secued, fill it out, nun	ired claims nber the en	that are listed in tries in the boxes on the
Part 1:		of Your PRIORITY Un							
	•	s have priority unsecure	d claims agains	st you?					
	No. Go to Pai	rt 2.							
	res.								
Part 2:	List All	of Your NONPRIORIT	V Uneocurod	Claims					
_	•	s have nonpriority unsec	_						
Ц١	No. You have	nothing to report in this pa	art. Submit this f	orm to the court with	n your other sch	edules.			
	res.								
unse	ecured claim, one creditor	nonpriority unsecured cla , list the creditor separately holds a particular claim, li	for each claim.	For each claim liste	d, identify what	type of claim it is	s. Do not list claims	s already inc	luded in Part 1. If more
									Total claim
4.1		gestive Disease Con	sultants	Last 4 digits of ac	count number	2847			\$189.20
		Creditor's Name e Pond Drive		When was the deb	ot incurred?				
	Akron, Ol								=
		eet City State Zip Code		As of the date you	file, the claim	is: Check all tha	at apply		
	Who incurr	ed the debt? Check one.							
	Debtor 1	only		☐ Contingent					
	Debtor 2	only		☐ Unliquidated					
	Debtor 1	and Debtor 2 only		☐ Disputed					
	☐ At least of	one of the debtors and and	other	Type of NONPRIO	RITY unsecure	d claim:			
		this claim is for a comr	•	Student loans					
	debt	subject to offset?		Obligations arisi report as priority cla	•	aration agreeme	ent or divorce that y	ou did not	
	No No	. Sasjeet to onset:		Debts to pension		ng plans, and ot	her similar debts		
	☐ Yes			Other. Specify					
				— Other, Specify					

Debtor 1 Rebecca L Horvath		Case number (if known)			
4.2	Amex Nonpriority Creditor's Name	Last 4 digits of account number	7153		\$7,562.00
	Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998	When was the debt incurred?	Opened 03/18 5/26/23	Last Active	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that app	ly	
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed			
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No	Type of NONPRIORITY unsecured Student loans Obligations arising out of a sepa report as priority claims Debts to pension or profit-sharin	ration agreement or o		
	Yes	Other. Specify Credit Card			
4.3	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	5874		\$832.00
	Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 01/12 5/15/23	Last Active	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that app	ly	
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or o	divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other sir	milar debts	
	Yes	■ Other. Specify Credit Card			
4.4	Credit Corp. Solutions Nonpriority Creditor's Name	Last 4 digits of account number			\$6,571.00
	121 West S Election Rd Draper, UT 84020	When was the debt incurred?			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that app	ly	
	Debtor 1 only	Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:		
	At least one of the debtors and another Check if this claim is for a community	Student loans	. V.a		
	debt	☐ Obligations arising out of a sepa	ration agreement or o	divorce that you did not	
	Is the claim subject to offset?	☐ Debts to pension or profit-sharin	g plans, and other sir	milar debts	
	Yes	Other. Specify			

Debtor	1 Rebecca L Horvath	Case number (if known)			
4.5	Digestive Health Center Nonpriority Creditor's Name	Last 4 digits of account number	2847	\$500.21	
	570 White Pond Drive Suite 150	When was the debt incurred?			
	Akron, OH 44320-4207 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts		
	Yes	Other. Specify			
4.6	Discover Financial Nonpriority Creditor's Name	Last 4 digits of account number	9186	\$4,524.00	
	Attn: Bankruptcy Po Box 3025	When was the debt incurred?	Opened 06/18 Last Active 5/22/23		
	New Albany, OH 43054 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	,			
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing			
	Yes	Other. Specify Credit Card			
4.7	Discover Financial Nonpriority Creditor's Name	Last 4 digits of account number	4785	\$2,746.00	
	Attn: Bankruptcy Po Box 3025	When was the debt incurred?	Opened 12/16 Last Active 5/12/23		
	New Albany, OH 43054 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure ☐ Student loans			
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sepa			
	Is the claim subject to offset?	report as priority claims			
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other. Specify Credit Card			

Debtor 1 Rebecca L Horvath		Case number (if known)					
4.8	HRN Nonpriority Creditor's Name	Last 4 digits of account number	5989	\$3,089.04			
	608 S Tuscarawas Avenue Dover, OH 44622	When was the debt incurred?					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	□Yes	Other. Specify					
4.9	Huntington Voice	Last 4 digits of account number		\$12,000.00			
	Nonpriority Creditor's Name P.O. Box 182387	When was the debt incurred?					
	Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	· · · · · · · · · · · · · · · · · · ·					
	☐ Debtor 1 and Debtor 2 only	Disputed					
☐ At least one of the debtors and another		Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims					
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Credit Card					
4.1	Kohls/Capital One	Last 4 digits of account number	8124	\$2,829.00			
	Nonpriority Creditor's Name Attn: Credit Administrator	- When we the daht is some 10	Opened 03/07 Last Active				
	Po Box 3043 Milwaukee, WI 53201 Number Street City State Zip Code	When was the debt incurred? As of the date you file, the claim in	5/16/23				
	Who incurred the debt? Check one.	•	э. Спеск ан шасарру				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin					
	□ Yes	■ Other Specify Charge Acc					

Debtor 1 Rebecca L Horvath		Case number (if known)					
4.1	Macys/fdsb	Last 4 digits of account number	1581	\$1,588.00			
	Nonpriority Creditor's Name Attn: Bankruptcy 9111 Duke Boulevard	When was the debt incurred?	Opened 12/17 Last Active 05/22				
	Mason, OH 45040 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	_						
	Debtor 1 only	Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:				
	At least one of the debtors and another	Student loans	u Ciaiiii.				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	■ Other. Specify Charge Acc	ount				
4.1	Max Lend	Last 4 digits of account number	7266	\$2,004.80			
2	Nonpriority Creditor's Name P.O. Box 639	When was the debt incurred?		ΨΞ,0000			
	Parshall, ND 58770 Number Street City State Zip Code	As of the date you file, the claim					
	Who incurred the debt? Check one.	7.0 O. mo dano you mo, mo olami					
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims					
	No	Debts to pension or profit-sharing					
	Yes	Other. Specify Loan					
4.1	Midland Funding/Midland Credit Mgmt	Last 4 digits of account number	1257	\$5,149.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 939069	When was the debt incurred?	Opened 05/20 Last Active 10/19				
	San Diego, CA 92193 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure					
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a sens	aration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims	nation agreement of divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	☐ Yes	■ Other. Specify Factoring C					

Debtor	otor 1 Rebecca L Horvath Case number (if known)			
4.1 4	Midland Funding/Midland Credit Mgmt	Last 4 digits of account number	1774	\$1,734.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 939069	When was the debt incurred?	Opened 06/21 Last Active 11/19	
	San Diego, CA 92193 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify Factoring Co	ompany Account Synchrony Bank	
4.1 5	Midland Funding/Midland Credit Mgmt Nonpriority Creditor's Name	Last 4 digits of account number	4962	\$1,538.00
	Attn: Bankruptcy Po Box 939069	When was the debt incurred?	Opened 07/20 Last Active 4/13/21	_
	San Diego, CA 92193 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims		
	■ No	Debts to pension or profit-sharin		
	☐ Yes	■ Other. Specify Factoring Co	ompany Account Comenity Bank	
4.1 6	NCB Management Services	Last 4 digits of account number	0746	\$505.00
	Nonpriority Creditor's Name Attn: Bankruptcy 1 Allied Drive Trevose, PA 19053	When was the debt incurred?	Opened 06/19 Last Active 4/13/20	
Number Street City State Zip Code Who incurred the debt? Check one.		As of the date you file, the claim i		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	l claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	□Yes	■ Other. Specify Trust Co	ompany Account Republic Bank	

Debtor 1 Rebecca L Horvath		Case number (if known)			
4.1	Summa Health	various Last 4 digits of account number accounts	\$4,155.11		
	Nonpriority Creditor's Name P.O. Box 771880 Detroit, MI 48277	When was the debt incurred?			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	No	Debts to pension or profit-sharing plans, and other similar debts			
	Yes	■ Other. Specify Medical			
4.1 8	Timothy Joseph Horvath Nonpriority Creditor's Name	Last 4 digits of account number	\$51,500.00		
	2058 Como Street Port Charlotte, FL 33948	When was the debt incurred?			
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	Debtor 1 only	Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:			
	At least one of the debtors and another	Student loans			
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other. Specify Property settlement			
4.1 9	Verdict Assurance Group LLC Nonpriority Creditor's Name	Last 4 digits of account number 9003	\$54,000.00		
	2125 Center Avenue #308 Fort Lee, NJ 07024	When was the debt incurred?			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	Debts to pension or profit-sharing plans, and other similar debts			
	Yes	■ Other. Specify Business Ioan			

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency this page only it you have others to be notified about you ballictude, for a debt that you already listed in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 R	ebecca L Horvath		Case nu	ımber (if	known)
Name and Add Amex P.o. Box 98 El Paso, TX	31537	On which entry in Part 1 or Part 2 did Line 4.2 of (<i>Check one</i>): Last 4 digits of account number	☐ Part 1:	Creditors	editor? with Priority Unsecured Claims with Nonpriority Unsecured Claims
Name and Add Capital One Po Box 312 Salt Lake C	e	On which entry in Part 1 or Part 2 did Line 4.3 of (<i>Check one</i>): Last 4 digits of account number	☐ Part 1:	Creditors	editor? with Priority Unsecured Claims with Nonpriority Unsecured Claims
Name and Add Discover Fi Po Box 309 Salt Lake C	inancial	On which entry in Part 1 or Part 2 did Line 4.6 of (<i>Check one</i>): Last 4 digits of account number	☐ Part 1:	Creditors	editor? with Priority Unsecured Claims with Nonpriority Unsecured Claims
Name and Add Discover Fi Po Box 309 Salt Lake C	inancial	On which entry in Part 1 or Part 2 did Line 4.7 of (<i>Check one</i>): Last 4 digits of account number	☐ Part 1: 0	Creditors	editor? with Priority Unsecured Claims with Nonpriority Unsecured Claims
Name and Add Kohls/Capi Po Box 311 Milwaukee,	tal One 15	On which entry in Part 1 or Part 2 did Line 4.10 of (<i>Check one</i>): Last 4 digits of account number	☐ Part 1: 0	Creditors	editor? with Priority Unsecured Claims with Nonpriority Unsecured Claims
Name and Add Macys/fdsb Po Box 678 Sioux Falls)	On which entry in Part 1 or Part 2 did Line 4.11 of (Check one): Last 4 digits of account number	☐ Part 1:	Creditors	editor? with Priority Unsecured Claims with Nonpriority Unsecured Claims
Name and Add Midland Fu 320 East B Troy, MI 48	nding/Midland Credit Mgmt ig Beaver	On which entry in Part 1 or Part 2 did Line 4.13 of (Check one): Last 4 digits of account number	☐ Part 1: 0	Creditors	editor? with Priority Unsecured Claims with Nonpriority Unsecured Claims
Name and Add Midland Fu 320 East B Troy, MI 48	nding/Midland Credit Mgmt ig Beaver	On which entry in Part 1 or Part 2 did Line 4.14 of (Check one): Last 4 digits of account number	☐ Part 1:	Creditors	editor? with Priority Unsecured Claims with Nonpriority Unsecured Claims
Name and Add Midland Fu 320 East B Troy, MI 48	nding/Midland Credit Mgmt ig Beaver	On which entry in Part 1 or Part 2 did Line 4.15 of (Check one): Last 4 digits of account number	Part 1:	Creditors	editor? with Priority Unsecured Claims with Nonpriority Unsecured Claims
1 Allied Dri	gement Services ve	On which entry in Part 1 or Part 2 did Line 4.16 of (Check one):	☐ Part 1:	Creditors	editor? with Priority Unsecured Claims with Nonpriority Unsecured Claims
Trevose, P	A 19053	Last 4 digits of account number			
6. Total the ar	dd the Amounts for Each Type of mounts of certain types of unsecured ecured claim.		cal reporting	purpose	s only. 28 U.S.C. §159. Add the amounts for each
Total claims	6a. Domestic support obligati		6a.	\$	Total Claim 0.00
from Part 1	Taxes and certain other de	ebts you owe the government	6b.	\$	0.00

Debtor 1	Rebecca L Horvath		Case number (if known)			
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00	
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00	
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00	
	6f.	Student loans	6f.	\$	Total Claim	
otal aims				Ψ	0.00	
m Part	2 6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00	
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00	
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	163,016.36	
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	163,016.36	

Fill in this information to identify your case:					
Debtor 1	Rebecca L Horvati				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF OHIO			
Case number					
(if known)					☐ Check if this is an
					amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Numbe	whom you have the	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.2					_
	Name				
					_
	Number	Street			
	City		State	ZIP Code	_
2.3	Oity		Olalo	Zii Codo	
	Name				_
	Number	Street			
					_
	City		State	ZIP Code	
2.4	- N				<u> </u>
	Name				
					<u> </u>
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	_

Fill in th	is information to identify your			
Debtor 1	Rebecca L Horva	th Middle Name	Last Name	
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if,	First Name	Middle Name	Last Name	
United S	tates Bankruptcy Court for the:	NORTHERN DISTRICT	OF OHIO	
Case nui	mber			☐ Check if this is an amended filing
	al Form 106H dule H: Your Cod	lebtors		12/15
people au	e filing together, both are equ	ally responsible for suppe boxes on the left. Attach	lying correct information the Additional Page to t	omplete and accurate as possible. If two married . If more space is needed, copy the Additional Page, nis page. On the top of any Additional Pages, write
1. De	you have any codebtors? (If	you are filing a joint case, o	do not list either spouse as	a codebtor.
□ N				
2. W				(Community property states and territories include ton, and Wisconsin.)
	o. Go to line 3. es. Did your spouse, former spo	use, or legal equivalent live	with you at the time?	
in lir Forr	ne 2 again as a codebtor only	if that person is a guarant	tor or cosigner. Make sui	our spouse is filing with you. List the person shown e you have listed the creditor on Schedule D (Official). Use Schedule D, Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and 2	IIP Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1	Nick Gessler 3479 East Tuscarawas Ext Barberton, OH 44203			■ Schedule D, line2.6 Schedule E/F, line Schedule G Santander Consumer USA
3.2	Timothy Joseph Horvath 2058 Como Street Port Charlotte, FL 33948			☐ Schedule D, line Schedule E/F, line4.4 ☐ Schedule G Credit Corp. Solutions

	in this information to identify your optor 1 Rebecca L H									
	otor 2 puse, if filing)									
Uni	ted States Bankruptcy Court for the	e: NORTHERN DISTRIC	CT OF OHIO							
	se number 		-					d filing ent showin	g postpetition	chapter
0	fficial Form 106I						MM / DD/ Y			
S	chedule I: Your Inc	ome					, 22, .			12/15
sup spo atta	as complete and accurate as pos plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not fili ur spouse is not filing w On the top of any additi	ng jointly, and yo ith you, do not in	ur spouse i clude infori	is liv mati	ing witl on abou	n you, inclu ut your spo	ude infori ouse. If m	nation about ore space is	your needed,
1.	Fill in your employment information.			Debtor 1			Debtor 2 or non-filing spouse			
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed			☐ Employed —				
		, ,	☐ Not employed				☐ Not employed			
	Include part-time, seasonal, or	Occupation	Self Employed							
	self-employed work.	Employer's name	4 Corners Cle	aning, Inc.						
	Occupation may include student or homemaker, if it applies.	Employer's address	3479 E Tuscarawas Ext. Barberton, OH 44203							
		How long employed t	here?26 ye	ears						
Par	Give Details About Mo	nthly Income								
	mate monthly income as of the cuse unless you are separated.	late you file this form. If	you have nothing t	o report for	any	line, wri	te \$0 in the	space. In	clude your nor	n-filing
•	u or your non-filing spouse have m e space, attach a separate sheet to	• • •	ombine the informa	ation for all e	empl	oyers fo	r that perso	n on the li	nes below. If y	you need
						For De	ebtor 1		btor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		0.00	\$	N/A	
3.	Estimate and list monthly over	time pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$		0.00	\$	N/A	

Deb	or 1	Rebecca L Horvath		С	ase number (if kn	own)				
	Con	y line 4 here	4.		For Debtor 1	.00		Debtor		
5.	•						· —			<u> </u>
5.	5a.	all payroll deductions: Tax, Medicare, and Social Security deductions	5a.		\$ 0	00	\$		NI/	٨
	5a.	Mandatory contributions for retirement plans	5a. 5b.		: — <u> </u>	.00	-\$ -		N/ N/	
	5c.	Voluntary contributions for retirement plans	5c.		·	.00	\$ -		N/	
	5d.	Required repayments of retirement fund loans	5d.		: —	.00	\$ -		N/	
	5e.	Insurance	5e.		: — <u> </u>	.00	\$-		N/	
	5f.	Domestic support obligations	5f.		·	.00	\$_		N/	
	5g.	Union dues	5g.		·	.00	\$-		N/	
	5h.	Other deductions. Specify:	5h.		·	.00			N/	
c		· · · · · · · · · · · · · · · · · · ·	_							
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	,		.00	\$_		N/.	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	Ç	• 0	.00	\$_		N/	<u>A</u>
	8a. 8b. 8c. 8d. 8e. 8f.	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8a. 8b. 8c. 8d. 8e.		\$ 0 \$ 0 \$ 0	.00 .00 .00 .00 .00	\$_ \$_ \$_ \$_		N/ N/ N/ N/ N/	A A A
	8h.	Other monthly income. Specify:	8h.		Ť	.00	· —		N/	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	10,000		\$_			I/A
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	10,000.00	+ \$_		N/A	= \$	10,000.00
11.	Incluothe Other	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe						e J. +\$ _	0.00

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income. Write that amount on the *Summary of Schedules* and *Statistical Summary of Certain Liabilities* and Related *Data*, if it applies

12.	\$	10,000.00
	Com	bined

Combined monthly income

13.	Do you expect an i	increase or d	lecrease with	hin the yea	r after you i	file this form?
-----	--------------------	---------------	---------------	-------------	---------------	-----------------

NO.	
Yes. Explain:	

Fill	in this information to identify your case:				
Deb	tor 1 Rebecca L Horvath		Che	ck if this is:	
Deb	tor 2			An amended filing A supplement show	ving postpetition chapter
(Spo	buse, if filing)		_	13 expenses as of t	
Unit	ed States Bankruptcy Court for the: NORTHERN DISTRICT OF OHIO			MM / DD / YYYY	
	e number				
(lf k	nown)				
0	fficial Form 106J				
	chedule J: Your Expenses				12/15
Be info nur	as complete and accurate as possible. If two married people are filir ormation. If more space is needed, attach another sheet to this form. nber (if known). Answer every question.	ng together, both are On the top of any ac	equ dditi	ially responsible fo onal pages, write y	r supplying correct our name and case
1.	t 1: Describe Your Household Is this a joint case?				
	■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?				
	☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses for S</i>	eparate Household of	Del	otor 2.	
2.	Do you have dependents? ■ No				
		pendent's relationship btor 1 or Debtor 2	to	Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.			_	☐ Yes ☐ No
	_				Yes
					□ No □ Yes
					□ No
					☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				
Par	t 2: Estimate Your Ongoing Monthly Expenses				
exp	imate your expenses as of your bankruptcy filing date unless you ar penses as of a date after the bankruptcy is filed. If this is a suppleme plicable date.	e using this form as ntal <i>Schedule J</i> , che	a sı ck t	upplement in a Cha he box at the top of	pter 13 case to report f the form and fill in the
Inc the	lude expenses paid for with non-cash government assistance if you value of such assistance and have included it on Schedule I: Your I	know ncome			
	ficial Form 106l.)			Your expe	enses
4.	The rental or home ownership expenses for your residence. Include payments and any rent for the ground or lot.		4.	\$	0.00
	If not included in line 4:				
	4a. Real estate taxes	4	a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance	4	b.	\$	0.00
	4c. Home maintenance, repair, and upkeep expenses		C.		150.00
5.	 4d. Homeowner's association or condominium dues Additional mortgage payments for your residence, such as home ed 		d. 5.	·	0.00

Rebecca	L Horvath	Cas	se num	ber (if known)	
ities:					
	heat, natural gas		6a.	\$	600.00
•	_			· ·	50.00
		rahla sarvicas		· ; ————	0.00
•	• • • • • • • • • • • • • • • • • • • •	Cabic Scivices		·	0.00
			-	·	
				*	600.00
				·	0.00
					200.00
•				·	150.00
dical and de	ntal expenses		11.	\$	150.00
		ain fare.	40	Φ.	225.00
				·	325.00
		agazines, and books		·	100.00
ritable cont	ributions and religious donations		14.	\$	0.00
urance.				_	
		included in lines 4 or 20.			
. Life insura	nce		15a.	\$	0.00
. Health ins	urance		15b.	\$	633.90
. Vehicle ins	surance		15c.	\$	130.00
. Other insu	rance. Specify:		15d.	\$	0.00
		or included in lines 4 or 20.		· —	
	oraco tarreo acaderea irem year pay	5	16.	\$	0.00
-	ease payments:		•	·	
			17a.	\$	0.00
				· .	0.00
					0.00
	·	wout that was all a mat you aut an	17u.	D	0.00
			18	\$	0.00
or navments	your pay on line 5, <i>Scriedule I, Yo</i>	do not live with you	10.	· ·	
	you make to support others who	do not live with you.	10	Ψ	0.00
-	arty expenses not included in line	a A or E of this form or an Sahadul		our Incomo	
		s 4 or 5 or this form or on Schedul			0.00
					0.00
					0.00
				·	0.00
				· ·	0.00
. Homeown	er's association or condominium due	es	20e.	\$	0.00
er: Specify:			21.	+\$	0.00
			-		
-					
	•				3,088.90
. Copy line 2:	2 (monthly expenses for Debtor 2), if	any, from Official Form 106J-2		\$	
. Add line 22a	a and 22b. The result is your month	y expenses.		\$	3,088.90
	and the said bear				
-	-		00	•	10.000.00
				·	10,000.00
. Copy your	monthly expenses from line 22c abo	ove.	23b.	-\$	3,088.90
_					
		nthly income.	22-	· ·	6,911.10
The result	is your <i>monthly net income</i> .		23c.	\$	0,311.10
you expect a	ın increase or decrease in your ex	penses within the year after you fi	le this	s form?	
example, do yo	In increase or decrease in your ex u expect to finish paying for your car loar terms of your mortgage?	penses within the year after you fi within the year or do you expect your mon	le this	s form? payment to increase o	r decrease because of a
example, do yo	u expect to finish paying for your car loar	penses within the year after you fi within the year or do you expect your mon	le this	s form? payment to increase o	r decrease because of a
	ities: Electricity, Water, sey Telephone Other. Spe od and house Idcare and c thing, launds sonal care p dical and der insportation. Inot include in Life insura Health insu Vehicle insu Other insu es. Do not include insu Car payme Car payme Car payme Car payme Car payme Health insu Car payme Ca	Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and of Other. Specify: Indicate and children's education costs Idicate and dental expenses Insportation. Include gas, maintenance, bus or trained include car payments. Incit include car payments. Indicate contributions and religious donations Idicate insurance Indicate insurance deducted from your pay or incit include insurance deducted from your pay or incit include insurance. Indicate insurance Idicate I	ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Indiana dental expenses Idicare and children's education costs thing, laundry, and dry cleaning sonal care products and services Idical and dental expenses Idical and dental expenses Insportation. Include gas, maintenance, bus or train fare. Incit include car payments. Intribute contributions and religious donations Intrable contributions and religious donations Intrance. Itie insurance Idical insurance deducted from your pay or included in lines 4 or 20. Itie insurance I elia ins	ities: Electricity, heat, natural gas Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Cother. Specify: 6d. dand housekeeping supplies (Idcare and children's education costs thing, laundry, and dry cleaning sonal care products and services 10. Idical and dental expenses sonal care products and services 11. Insportation. Include gas, maintenance, bus or train fare. Inot include car payments. 12. Irance. Inot include insurance deducted from your pay or included in lines 4 or 20. Life insurance 15b. Vehicle insurance 15c. Other insurance, specify: 15c. Cor payments of Vehicle 1 Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: Other. Specify: Tother. Specify: 17c. Other. Specify: 17d. Trangments of alimony, maintenance, and support that you did not report as lucted from your pay on line 5, Schedule 1, Your Income (Official Form 1061), er payments of alimony, maintenance, and support that you did not report as lucted from your pay on line 5, Schedule 1, Your Income (Official Form 1061), er payments of alimony, maintenance, and support that you did not report as lucted from your pay on line 5, Schedule 1, Your Income (Official Form 1061), er payments of alimony, maintenance, and support that you did not report as lucted from your pay on line 5, Schedule 1, Your Income (Official Form 1061), er payments of alimony, maintenance, and support that you did not report as lucted from your pay on line 5, Schedule 1, Your Income (Official Form 1061), er payments of alimony, maintenance, and support that you did not report as lucted from your pay on line 5, Schedule 1, Your Income (Official Form 1061), er payments of alimony, maintenance, and support that you did not report as lucted from your pay on line 5, Schedule 1, Your Income (Official Form 1061), er payments of alimony, maintenance, and support that you did not report as lucted from your pay on line 5, Schedule 1, Your Income (O	Ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Cher. Specify: da and housekeeping supplies Iddare and children's education costs 8. \$ thing, laundry, and dry cleaning Sonal care products and services 10. \$ sonal care products and services 11. \$ sonal care products and services 11. \$ sportation. Include gas, maintenance, bus or train fare. Include gas, maintenance, bus or train fare. Include gas, maintenance, bus or train fare. Include include include include include and include and include

Fill in this inform	mation to identify your	case:			
Debtor 1	Rebecca L Horvat	h			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRIC	I OF OHIO		
Case number _					
(if known)					eck if this is an
				aiii	ended filing
Official Forn	m 106Doc				
Declarat	tion About a	in Individua	l Debtor's Sc	hedules	12/15
f two married pe	eople are filing togethe	r, both are equally respo	onsible for supplying cor	rect information.	
You must file this	s form whenever you fi	le hankruntev schedule	e or amended echedules	. Making a false statement, concea	aling property or
				n fines up to \$250,000, or imprisor	
	8 U.S.C. §§ 152, 1341, 1		mapley sade san result i		initiality to 20
Sign	n Below				
Did you na	y or agree to hav some	one who is NOT an atto	rney to help you fill out b	ankruntov forms?	
Dia you pa	y or agree to pay some	one who is ito i an allo	They to help you his out b	anki upicy forms:	
■ No					
☐ Yes. N	Name of person			Attach Bankruptcy Petition	n Preparer's Notice,
_	·			Declaration, and Signature	
Under nena	lty of pariury I declare	that I have read the sun	amary and schedules file	d with this declaration and	
	e true and correct.	that I have read the Sun	illiary and schedules me	u with this declaration and	
X /c/Rah	ecca L Horvath		x		
	ca L Horvath		Signature of	Debtor 2	
	re of Debtor 1		2.3		
Dota	lulu 00, 0000		Data		
Date	July 26 2023		Date		

		nation to identify you							
De	ebtor 1	Rebecca L Horva	Middle Name	Last Name					
1 -	ebtor 2								
(Sp	ouse if, filing)	First Name	Middle Name	Last Name					
Un	ited States Ba	nkruptcy Court for the:	NORTHERN DISTRICT (OF OHIO					
	nse number				_	check if this is an mended filing			
St	as complete a	of Financial	ible. If two married people a		equally responsible for sup				
		ore space is needed,		this form. On the top of any	vadditional pages, write you	ır name and case			
Pa	rt 1: Give D	etails About Your Ma	nrital Status and Where You	ı Lived Before					
1.	What is you	r current marital statu	ıs?						
	☐ Married ■ Not mar	ried							
2.	During the la	uring the last 3 years, have you lived anywhere other than where you live now?							
	■ No □ Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now					
	Debtor 1:		Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there			
3. sta					ity property state or territory co, Texas, Washington and W				
	■ No □ Yes. Ma	ike sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).					
Pa	rt 2 Explai	n the Sources of You	r Income						
4.	Fill in the tota	al amount of income yo	u received from all jobs and	ng a business during this yeall businesses, including parte together, list it only once un		ndar years?			
	□ No ■ Yes. Fill	in the details.							
			Debtor 1		Debtor 2				
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)			
		of current year until d for bankruptcy:	☐ Wages, commissions, bonuses, tips	\$77,000.00	☐ Wages, commissions, bonuses, tips				
			Operating a business		☐ Operating a business				

Debtor 1 Rebecca L Horvath						Case number (if known)					
					Debtor 1		Debtor 2				
					Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)			
			dar year be December		☐ Wages, commissions, bonuses, tips	\$68,237.00	☐ Wages, commissions, bonuses, tips				
					Operating a business		☐ Operating a business				
			dar year: December	31, 2020)	☐ Wages, commissions, bonuses, tips	\$42,323.00	☐ Wages, commissions, bonuses, tips				
					Operating a business		☐ Operating a business				
5.	Inclu and winn	ide indother ings. each s	come regard public bene If you are fil	dless of whetl fit payments; ing a joint ca: the gross inco	he during this year or the two her that income is taxable. Exa pensions; rental income; inter se and you have income that y ome from each source separat	amples of other income are a est; dividends; money collec- you received together, list it o	ted from lawsuits; royalties; an only once under Debtor 1.	ecurity, unemployment, d gambling and lottery			
	_										
	_	. 00.			Debtor 1		Debtor 2				
		100.			Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)			
Par		_		nyments You	Sources of income	each source (before deductions and exclusions)	Sources of income	(before deductions			
Par 6.	t 3:	List	t Certain Pa		Sources of income Describe below.	each source (before deductions and exclusions)	Sources of income	(before deductions			
	t 3:	List	t Certain Pa r Debtor 1's Neither De	or Debtor 2 ebtor 1 nor I	Sources of income Describe below. I Made Before You Filed for I	each source (before deductions and exclusions) Bankruptcy debts? mer debts. Consumer debts	Sources of income Describe below.	(before deductions and exclusions)			
	t 3:	List	t Certain Pa r Debtor 1's Neither Do individual During the	s or Debtor 2 ebtor 1 nor I primarily for a	Sources of income Describe below. I Made Before You Filed for I 2's debts primarily consumer Debtor 2 has primarily consument a personal, family, or household ore you filed for bankruptcy, die	each source (before deductions and exclusions) Bankruptcy debts? Immer debts. Consumer debts d purpose."	Sources of income Describe below. s are defined in 11 U.S.C. § 10	(before deductions and exclusions)			
	t 3:	List	r Debtor 1's Neither Deindividual During the No.	s or Debtor 2 ebtor 1 nor I primarily for a 90 days before Go to line 7	Sources of income Describe below. I Made Before You Filed for I 2's debts primarily consumer Debtor 2 has primarily consument a personal, family, or household ore you filed for bankruptcy, die 7.	each source (before deductions and exclusions) Bankruptcy debts? Immer debts. Consumer debts d purpose." d you pay any creditor a total	Sources of income Describe below. s are defined in 11 U.S.C. § 10 I of \$7,575* or more?	(before deductions and exclusions)			
	t 3:	List	r Debtor 1's Neither Deindividual During the No. Yes	s or Debtor 2 ebtor 1 nor I primarily for a 90 days before Go to line 7 List below a paid that continclude	Sources of income Describe below. I Made Before You Filed for I I's debts primarily consumer Debtor 2 has primarily consumer Deptor 3 has primarily consumer Deptor 4 has primarily consumer Deptor 5 has primarily consumer Deptor 6 has primarily consumer Deptor 7 has primarily consumer Deptor 8 has primarily consumer Deptor 9 has primarily consumer	each source (before deductions and exclusions) Bankruptcy debts? Imer debts. Consumer debts d purpose." d you pay any creditor a total of \$7,575* or more into for domestic support obligations bankruptcy case.	Sources of income Describe below. s are defined in 11 U.S.C. § 10 I of \$7,575* or more? In one or more payments and to pations, such as child support a	(before deductions and exclusions) 11(8) as "incurred by an the total amount you and alimony. Also, do			
	t3:	List either No.	During the No. Yes * Subject	ebtor 1 nor I primarily for a 90 days befor Go to line 7 List below opaid that or not include to adjustment	Sources of income Describe below. I Made Before You Filed for I I's debts primarily consumer Debtor 2 has primarily consument a personal, family, or household fore you filed for bankruptcy, die 7. each creditor to whom you paireditor. Do not include payment	each source (before deductions and exclusions) Bankruptcy debts? Imer debts. Consumer debts d purpose." d you pay any creditor a tota d a total of \$7,575* or more is the for domestic support oblighis bankruptcy case. Is after that for cases filed on	Sources of income Describe below. s are defined in 11 U.S.C. § 10 I of \$7,575* or more? In one or more payments and to pations, such as child support a	(before deductions and exclusions) 11(8) as "incurred by an the total amount you and alimony. Also, do			
	t3:	List either No.	During the No. Yes * Subject	ebtor 1 nor I primarily for a 90 days befor Go to line 7 List below paid that or not include to adjustmen	Sources of income Describe below. I Made Before You Filed for I I's debts primarily consumer Debtor 2 has primarily consumer a personal, family, or househol ore you filed for bankruptcy, die T. each creditor to whom you pair reditor. Do not include payment a payments to an attorney for the att on 4/01/25 and every 3 years	each source (before deductions and exclusions) Bankruptcy debts? Imer debts. Consumer debts d purpose." d you pay any creditor a total of \$7,575* or more ints for domestic support oblighis bankruptcy case. s after that for cases filed on imer debts.	Sources of income Describe below. s are defined in 11 U.S.C. § 10 I of \$7,575* or more? In one or more payments and to pations, such as child support a correct or after the date of adjustments.	(before deductions and exclusions) 11(8) as "incurred by an the total amount you and alimony. Also, do			
	t3:	List either No.	During the No. Subject Debtor 1 of During the No. No. No. No. No. No.	ebtor 1 nor I primarily for a 90 days before Go to line 7 List below paid that control include to adjustment or Debtor 2 of 190 days before Go to line 7	Sources of income Describe below. I Made Before You Filed for I I's debts primarily consumer Debtor 2 has primarily consumer Deptor 3 has primarily consumer Deptor 4 has primarily consumer Deptor 5 has primarily consumer Deptor 6 have primarily consumer Deptor 6 have primarily consumer Deptor 7 has primarily consumer Deptor 6 have primarily consumer Deptor 7 has primarily consumer Deptor 8 has primarily consumer Deptor 9 has primarily consu	each source (before deductions and exclusions) Bankruptcy debts? Imer debts. Consumer debts d purpose." d you pay any creditor a tota d a total of \$7,575* or more ints for domestic support oblighis bankruptcy case. Is after that for cases filed on imer debts. d you pay any creditor a total d a total of \$7,575* or more ints for domestic support oblighis bankruptcy case. Is after that for cases filed on imer debts.	Sources of income Describe below. s are defined in 11 U.S.C. § 10 I of \$7,575* or more? In one or more payments and to pations, such as child support a corrupt or after the date of adjustment of \$600 or more?	(before deductions and exclusions) on (8) as "incurred by an the total amount you and alimony. Also, do t.			
	t3:	List either No.	During the No. Subject Pebtor 1 of the subject Debtor 1 of the subject Debtor 1 of During the subject	ebtor 1 nor I primarily for a 90 days befor 50 to line 70 to adjustment or Debtor 2 to 90 days befor 50 to line 70 to lin	Sources of income Describe below. I Made Before You Filed for I I's debts primarily consumer Debtor 2 has primarily consumer a personal, family, or househol ore you filed for bankruptcy, die T. each creditor to whom you pain reditor. Do not include payment a payments to an attorney for th at on 4/01/25 and every 3 years or both have primarily consu ore you filed for bankruptcy, die	each source (before deductions and exclusions) Bankruptcy debts? Imer debts. Consumer debts d purpose." d you pay any creditor a tota d a total of \$7,575* or more ints for domestic support oblighis bankruptcy case. Is after that for cases filed on Imer debts. d you pay any creditor a total d a total of \$600 or more and d a total o	Sources of income Describe below. I of \$7,575* or more? In one or more payments and to pations, such as child support a cor after the date of adjustment of \$600 or more?	(before deductions and exclusions) on (8) as "incurred by an the total amount you and alimony. Also, do to the total amount you are total amount.			

7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.								
	■ No□ Yes. List all payments to an insider.								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the	nis payment			
8.	Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosi		nents or transfer a	ny property on a	ccount of a del	ot that benefited an			
	No								
	Yes. List all payments to an insider								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for the Include credit				
Pai	t 4: Identify Legal Actions, Repossession	s, and Foreclosures							
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.								
	Case title Case number	Nature of the case	Court or agency		Status of the case				
	Credit Corp Solutions v. Horvath CVF 2300590	Complaint for Money	Barberton Munio 576 W. Park Ave Barberton, OH 4	э.	☐ Pending ☐ On appea ☐ Concluded				
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address	ey, was any of your prope	rty repossessed, f		shed, attached,				
	Creditor Name and Address	Explain what happened		Date		property			
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca No Yes. Fill in the details.	uptcy, did any creditor, including a bank or financial institution, set off any amounts from you							
	Creditor Name and Address	Describe the action the	creditor took	Date taker	action was	Amount			
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or an □ No □ Yes		rty in the possessi			it of creditors, a			

Debtor 1 Rebecca L Horvath

Pα	rt 5: List Certain Gifts and Contributions							
		ptcy, did you give any gifts with a total value of more tl	han \$600 per person	?				
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value				
	Person to Whom You Gave the Gift and Address:							
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No							
	☐ Yes. Fill in the details for each gift or co	ntribution.						
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	tal Describe what you contributed	Dates you contributed	Value				
Pa	rt 6: List Certain Losses							
15.	or gambling?	tcy or since you filed for bankruptcy, did you lose anyt	hing because of the	ft, fire, other disaster				
	No☐ Yes. Fill in the details.							
	how the loss occurred	Describe any insurance coverage for the loss nclude the amount that insurance has paid. List pending nsurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost				
Pa	rt 7: List Certain Payments or Transfers							
16.	consulted about seeking bankruptcy or p	tcy, did you or anyone else acting on your behalf pay or reparing a bankruptcy petition? reparers, or credit counseling agencies for services required		rty to anyone you				
	□ No							
	Yes. Fill in the details.							
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	Description and value of any property transferred	Date payment or transfer was made	Amount of payment				
	Roderick Linton Belfance LLP 50 South Main Street 10th Floor Akron, OH 44308		6/2023	\$650.00				
17.	Within 1 year before you filed for bankrup promised to help you deal with your credit Do not include any payment or transfer that y	tcy, did you or anyone else acting on your behalf pay c tors or to make payments to your creditors? ou listed on line 16.	or transfer any prope	rty to anyone who				
	■ No Ves Fill in the details							
	- 100.1 iii iii tilo dotallo.	Description and value of any property	Data narmant	A manus of				
	Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment				

Debtor 1 Rebecca L Horvath

18.	tran Incl	hin 2 years before you filed for bankrup isferred in the ordinary course of your laude both outright transfers and transfers mude gifts and transfers that you have alrea No Yes. Fill in the details.	busin nade a	ess or financial affa as security (such as	airs? the granting of	•							
	Ad	rson Who Received Transfer dress rson's relationship to you		Description and value of property transferred			ribe any property or nents received or debts in exchange		ate transfer was ade				
19.		hin 10 years before you filed for bankru	ptcy,	did you transfer ar	y property to	a self-settle	ed trust or similar device	of w	hich you are a				
	ben ■	eficiary? (These are often called asset-printer No	rotecti	ion devices.)									
	Na	me of trust		Description and	alue of the pr	operty tran	sferred		ate Transfer was ade				
Par	t 8:	List of Certain Financial Accounts, Ir	nstrun	nents, Safe Deposi	t Boxes, and S	Storage Uni	its						
20.	solo Incl	hin 1 year before you filed for bankrupt d, moved, or transferred? ude checking, savings, money market, ises, pension funds, cooperatives, asso	or oth	her financial accou	nts; certificate	s of depos			,				
	=	No											
		Yes. Fill in the details.					_						
				Last 4 digits of Type of account account number instrument			Date account was closed, sold, moved, or transferred	ı	Last balance before closing or transfer				
21.		you now have, or did you have within 1 h, or other valuables?	year	before you filed fo	bankruptcy, a	any safe de	eposit box or other depos	itory	y for securities,				
		■ No											
		Yes. Fill in the details.											
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)			Who else had access to it? Address (Number, Street, City, State and ZIP Code)			e the contents		Do you still have it?				
22.	Hav	e you stored property in a storage unit	or pla	ace other than you	home within	1 year befo	ore you filed for bankrupt	cy?					
		No											
		Yes. Fill in the details.											
		me of Storage Facility		Who else has or	and access	Describe	the contents		Do you still				
		dress (Number, Street, City, State and ZIP Code)		to it? Address (Number, State and ZIP Code)		Describe	e the contents		have it?				
Por	t 9:	Identify Property You Hold or Contro	l for S	Samaana Elaa									
23.	Do	you hold or control any property that so someone.			ude any prope	erty you bo	rrowed from, are storing	for,	or hold in trust				
	I	No											
		Yes. Fill in the details.											
	Owner's Name Address (Number, Street, City, State and ZIP Code)			Where is the proj (Number, Street, City, S Code)		Describe	e the property		Value				
		_		Jouej									
Par	t 10:	Give Details About Environmental In	forma	ition									

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Debtor 1 Rebecca L Horvath Case number (if known)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

	nazardous material, polititant, contaminant, or similar term.									
Rep	Report all notices, releases, and proceedings that you know about, regardless of when they occurred.									
24.	4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?									
	■ No									
	Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice						
25.	Have you notified any governmental unit of a	any release of hazardous material?								
	■ No □ Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice							
26.	Have you been a party in any judicial or adm	inistrative proceeding under any envir	onmental law? Include settlements a	nd orders.						
	■ No □ Yes. Fill in the details.									
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case						
Par	t11: Give Details About Your Business or C	Connections to Any Business								
27.	Within 4 years before you filed for bankrupto	cy, did you own a business or have any	of the following connections to any	business?						
	■ A sole proprietor or self-employed in	a trade, profession, or other activity, e	either full-time or part-time							
	☐ A member of a limited liability compa	any (LLC) or limited liability partnership	o (LLP)							
	☐ A partner in a partnership									
	☐ An officer, director, or managing exe	cutive of a corporation								
	☐ An owner of at least 5% of the voting	or equity securities of a corporation								
	lacksquare No. None of the above applies. Go to P	art 12.								
	■ Yes. Check all that apply above and fill	in the details below for each business.								
	Business Name Address	Describe the nature of the business	Employer Identification number							
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN. Dates business existed							
	Four Corners Cleaning, Inc. 3479 E Tuscarawas Ext	Cleaning Service	EIN: 34-1933102							
Barberton, OH 44203 From-To 1997-present										

Debtor 1 Rebecca L Horvath	Case number (if known)				
28. Within 2 years before you filed for bankrup institutions, creditors, or other parties.No	ptcy, did you give a financial statement to anyone about your bus	siness? Include all financial			
Yes. Fill in the details below.					
Name Address (Number, Street, City, State and ZIP Code)	Date Issued				
Part 12: Sign Below					
are true and correct. I understand that making with a bankruptcy case can result in fines up to 18 U.S.C. §§ 152, 1341, 1519, and 3571.	Financial Affairs and any attachments, and I declare under penalty a false statement, concealing property, or obtaining money or property, or obtaining money or property, or imprisonment for up to 20 years, or both.				
/s/ Rebecca L Horvath Rebecca L Horvath	Signature of Debtor 2				
Signature of Debtor 1	Olgitatare of Desico. 2				
Date July 26, 2023	Date				
Did you attach additional pages to Your Staten	nent of Financial Affairs for Individuals Filing for Bankruptcy (Off	icial Form 107)?			
■ No					
□Yes					
Did you pay or agree to pay someone who is n ■ No	ot an attorney to help you fill out bankruptcy forms?				
☐ Yes. Name of Person Attach the Bank	ruptcy Petition Preparer's Notice, Declaration, and Signature (Official	Form 119).			

Fill in this information to identify your case:								
Debtor 1	Rebecca L Horvath							
Debtor 2 (Spouse, if filing)								
United States B	United States Bankruptcy Court for the: Northern District of Ohio							
Case number (if known)								

Check	Check as directed in lines 17 and 21:									
According to the calculations required by this Statement:										
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).									
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).									
	3. The commitment period is 3 years.									
	4. The commitment period is 5 years.									

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part	1: Calculate Your Average Monthly Income								
1.	What is your marital and filing status? Check or	ne c	only.						
	■ Not married. Fill out Column A, lines 2-11.								
	☐ Married. Fill out both Columns A and B, lines 2	-11							
10 the	I in the average monthly income that you received froi 1(10A). For example, if you are filing on September 15, the 6 6 months, add the income for all 6 months and divide the ouses own the same rental property, put the income from	e 6-	month period would al by 6. Fill in the re	be Ma sult. Do	rch 1 throu not includ	igh August 3 le any incon	31. If the amo	ount of your monthly incom ore than once. For examp	e varied during le, if both
						Column A Debtor 1	1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtipayroll deductions).	ime	e, and commission	ons (b	efore all	\$	0.00	\$	
3.	 Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. 						0.00	\$	
4.	All amounts from any source which are regular of you or your dependents, including child sup from an unmarried partner, members of your house and roommates. Do not include payments from a syou listed on line 3.	po r eho	rt. Include regular old, your depende	contr	ibutions arents,	\$	0.00	\$	
5.	Net income from operating a business, profession, or farm		Debtor 1						
	Gross receipts (before all deductions)	\$	60,00	0.00					
	Ordinary and necessary operating expenses	-\$	51,00	0.00					
	Net monthly income from a business, profession, or farm	\$	9,00	0.00	Copy here ->	\$	9,000.00	\$	
6.	Net income from rental and other real property		Debtor 1						
	Gross receipts (before all deductions)		\$0.00						
	Ordinary and necessary operating expenses		- \$ 0.00						
	Net monthly income from rental or other real prope	rtv	\$ 0.00	Copy	/ here ->	\$	0.00	\$	

Debtor	Rebecca L Horvath			Case number	(if knowr	n)			
				Column A Debtor 1		Column B Debtor 2 o			
7. I	nterest, dividends, and royalties			\$	0.00	\$			
	Inemployment compensation			\$	0.00	\$		•	
	Oo not enter the amount if you contend that the an he Social Security Act. Instead, list it here:							•	
	For you	\$0.	.00						
	For your spouse								
t r t c	Pension or retirement income. Do not include are penefit under the Social Security Act. Also, except not include any compensation, pension, pay, annual united States Government in connection with a distilisability, or death of a member of the uniformed so pay paid under chapter 61 of title 10, then include to loes not exceed the amount of retired pay to which it retired under any provision of title 10 other than of	as stated in the next sente lity, or allowance paid by the sability, combat-related inju- services. If you received and that pay only to the extent h you would otherwise be e	ence, do le lry or ly retired that it	\$	0.00				
[r c l	ncome from all other sources not listed above to not include any benefits received under the Sources of a var crime, a crime agains domestic terrorism; or compensation, pension, pay United States Government in connection with a distilisability, or death of a member of the uniformed sources on a separate page and put the total below	cial Security Act; payments st humanity, or internationa y, annuity, or allowance pai sability, combat-related inju services. If necessary, list o	s I or d by the Iry or						
				\$	0.00	<u> </u>			
				\$	0.00	\$		-	
	Total amounts from separate pages, if an	y.	+	\$	0.00	\$		_	
	Calculate your total average monthly income. A each column. Then add the total for Column A to the same column and the total for Column A to the same column are same column.		\$	9,000.00	+ \$	_		9,000.00	
Part 2	Determine How to Measure Your Deduct	ions from Income							
12. (Copy your total average monthly income from localculate the marital adjustment. Check one:	line 11.					\$	9,000.00	
ı	You are not married. Fill in 0 below.								
[☐ You are married and your spouse is filing with	າ you. Fill in 0 below.							
[You are married and your spouse is not filling Fill in the amount of the income listed in line 1 dependents, such as payment of the spouse's	11, Column B, that was NO s tax liability or the spouse'	s suppo	rt of someone	other	than you or you	ır depend	dents.	
	Below, specify the basis for excluding this inc adjustments on a separate page.		come de	voted to each	purpos	se. If necessary	, list add	itional	
	If this adjustment does not apply, enter 0 belo)W.	•						
			. \$		_				
					_				
			+\$						
	Total		\$	0.00		Copy here=>	<u>-</u> _	0.00)
14.	Your current monthly income. Subtract line 13	from line 12.					\$	9,000.00	
15.	Calculate your current monthly income for the	year. Follow these steps	:						
	15a. Copy line 14 here=>						\$	9,000.00	

Debtor '	1 <u>F</u>	kebe	cca L Horvain	Case number (if known)	
		Mu	Itiply line 15a by 12 (the number of months i	in a year).	x 12
	15b.	The	e result is your current monthly income for the	he year for this part of the form	\$108,000.00
16. C	Calcu	late 1	the median family income that applies to	you. Follow these steps:	
1	6a. F	ill in	the state in which you live.	OH	
1	6b. F	ill in	the number of people in your household.	1	
1	6c. F	ill in	the median family income for your state and	d size of household.	\$ 61,955.00
			d a list of applicable median income amount ctions for this form. This list may also be ava	nts, go online using the link specified in the separate ailable at the bankruptcy clerk's office.	·
17. F	low c	do th	e lines compare?		
1	7a.			On the top of page 1 of this form, check box 1, <i>Disposable</i> NOT fill out <i>Calculation of Your Disposable Income</i> (Official)	
1	7b.			o of page 1 of this form, check box 2, <i>Disposable income is</i> culation of Your Disposable Income (Official Form 1220 above.	
Part 3	3:	Cald	culate Your Commitment Period Under 11	1 U.S.C. § 1325(b)(4)	
18. C	Сору	your	total average monthly income from line	11.	\$\$
S	onter pous	nd tha e's in	at calculating the commitment period under acome, copy the amount from line 13.	re married, your spouse is not filing with you, and you 11 U.S.C. § 1325(b)(4) allows you to deduct part of your	0.00
1	9a. If	the	marital adjustment does not apply, fill in 0 or	n line 19a.	-\$0.00
1	9b. S	Subtr	act line 19a from line 18.		\$9,000.00
20. C	Calcu	late	your current monthly income for the year	r. Follow these steps:	
2	20a. C	Сору	line 19b		\$\$
	M	/lultip	ly by 12 (the number of months in a year).		x 12
2	20b. T	he re	esult is your current monthly income for the	year for this part of the form	\$108,000.00
2	20c. C	Сору	the median family income for your state and	d size of household from line 16c	\$61,955.00
2	21. H	low (do the lines compare?		
			ine 20b is less than line 20c. Unless otherw period is 3 years. Go to Part 4.	wise ordered by the court, on the top of page 1 of this form,	, check box 3, The commitment
			Line 20b is more than or equal to line 20c. Uncommitment period is 5 years. Go to Part 4.	Jnless otherwise ordered by the court, on the top of page 1	of this form, check box 4, The
Part 4	:	Sigi	n Below		
E	By sig	ning	here, under penalty of perjury I declare that	t the information on this statement and in any attachments	is true and correct.
			cca L Horvath		
			L Horvath of Debtor 1		
	Date _	July	26, 2023		
			DD / YYYY	2	
	-		ked 17a, do NOT fill out or file Form 122C-2		hhidanan fara e
l1	ı you	cnec	ked 170, till out form 1220-2 and file it with	n this form. On line 39 of that form, copy your current month	my income ifom line 14 above.

Debtor 1	Rebecca L Horvath	Case number (if known)	
	11000000 2 110114111	edoc named (" monn)	

Fill in	this information to ide	entify you	case:					
Debto	r 1 Rebecca L F	Horvath						
Debto (Spou	r 2 se, if filing)							
United	d States Bankruptcy Cou	rt for the:	Northern District of Ohi	io				
Case (if kno	number wn)				☐ Ch	eck if this is	an amended	d filing
	ıl Form 122C-2 Ipter 13 Calcu	ulation	of Your Disp	posable Ir	ncome			04/22
	out this form, you will nitment Period (Official			apter 13 Stateme	ent of Your Current Mont	thly Income a	nd Calculatio	on of
space		parate she	et to this form, Include	the line number	ther, both are equally re to which additional info			
Part 1	Calculate Your D	eductions	from Your Income					
the info	questions in lines 6-15 ormation may also be a	5. To find to	he IRS standards, go o the bankruptcy clerk's	online using the l s office.	r certain expense amou ink specified in the sepa ense. In later parts of the f	arate instructi	ions for this f	form. This
exp	enses if they are higher	than the st	andards. Do not include	any operating exp	penses that you subtracted income in line 13 of Forn	d from income		
If yo	our expenses differ from	month to n	nonth, enter the average	e expense.				
Not	e: Line numbers 1-4 are	not used in	n this form. These number	ers apply to inforn	nation required by a simila	ar form used in	chapter 7 cas	ses.
5.	The number of peopl	e used in (determining your dedu	ctions from inco	me			
	Fill in the number of pe plus the number of any the number of people i	additional a	dependents whom you	mptions on your fe support. This num	ederal income tax return, aber may be different from		1	
Nat	tional Standards	You mu	st use the IRS National S	Standards to ansv	ver the questions in lines 6	6-7.		
6.			:: Using the number of pot for food, clothing, and o		I in line 5 and the IRS Nat	ional	\$	785.00
7.	the dollar amount for o	ut-of-pocke olderbeca	et health care. The numb	per of people is sp higher IRS allowa	ntered in line 5 and the IRS lit into two categoriespeance for health car costs. 22.	ople who are u	ınder 65 and	

People who are under 65 years of age				
7a. Out-of-pocket health care allowance per person	\$7	5_		
7b. Number of people who are under 65	X1			
7c. Subtotal. Multiply line 7a by line 7b.	\$ 75.0	Copy here=>	\$75.00	
People who are 65 years of age or older				
7d. Out-of-pocket health care allowance per person	\$15	3		
7e. Number of people who are 65 or older	X0			
7f. Subtotal. Multiply line 7d by line 7e.	\$	Copy here=>	\$	
7g. Total. Add line 7c and line 7f		\$	Copy total here=>	\$75.00

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses.

551.00

- Housing and utilities Mortgage or rent expenses:
 - 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.

890.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Aver payn	age monthly nent			
Huntington National Bank		2,618.56			
9b. Total average monthly payment	\$	2,618.56	Copy here=>	-\$	2,618.56 Repeat this amount on line 33a.
Net mortgage or rent expense.			J		
Subtract line Ob (total average monthly neumant) from	line Oo /	mortaga			Conv

9c.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

\$	0.00	Copy here=>	\$ 0.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

Φ.	0.0	1
\$	U.C	N.

Explain why:

Debtor 1	Rebecca L Horvath			Case number	(if known)		
11.	Local transportation expenses: Check the number of vehic	cles for wh	ich you claim	an ownersh	ip or operating	g expense.	
	☐ 0. Go to line 14.						
	☐ 1. Go to line 12.						
	■ 2 or more. Go to line 12.						
12.	Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for						480.00
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan more than two vehicles.						
Ve	hicle 1 Describe Vehicle 1: 2015 Chevy Silverado						
13a.	Ownership or leasing costs using IRS Local Standard			. \$	588.00		
13b.	Average monthly payment for all debts secured by Vehicle 1 Do not include costs for leased vehicles.						
	To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 monbankruptcy. Then divide by 60.			at			
	Name of each creditor for Vehicle 1	Average paymen	e monthly it				
	Santander Consumer USA	\$	780.00				
	Total Average Monthly Payment	\$	780.00	Copy here =>	-\$	Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0	, enter \$0.		\$	0.00	Copy net Vehicle 1 expense here => \$	0.00
Ve	hicle 2 Describe Vehicle 2: 2017 Porsche Macan						
13d.	Ownership or leasing costs using IRS Local Standard			. \$	588.00		
13e.	Average monthly payment for all debts secured by Vehicle 2 leased vehicles.	. Do not in	clude costs fo	or			
	Name of each creditor for Vehicle 2	Average paymen	e monthly it				
	Ally Financial, Inc	\$	471.00				
	Chase Auto Finance	\$	231.50				
	Total average monthly payment	\$	702.50	Copy here => -\$ _	702.5	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense					Copy net Vehicle 2	
	Subtract line 13e from line 13d. if this number is less than \$0	, enter \$0.		\$	0.00	expense here	0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of					n the \$	0.00
15.	Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in wonot claim more than the IRS Local Standard for <i>Public Trans</i>	hat you be					0.00

Oth	er Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expense the following IRS categories.	ses for				
16.	Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld fro your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes.	m \$	0.00			
17.	Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement	· <u> </u>				
	contributions, union dues, and uniform costs.	\$	0.00			
10	Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.	· —				
18.	Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any for of life insurance other than term.		0.00			
19.	Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.					
	Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35	5. \$	0.00			
20.	Education: The total monthly amount that you pay for education that is either required:					
	as a condition for your job, or					
	for your physically or mentally challenged dependent child if no public education is available for similar services.	\$	0.00			
21.	Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool not include payments for any elementary or secondary school education.	ol. \$	0.00			
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care					
	that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.	\$	0.00			
23.	23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted.					
24.	Add all of the expenses allowed under the IRS expense allowances.	\$	1,991.00			
A ala	Add lines 6 through 23.					
Add	Itional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24.					
25.	Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse your dependents.					
	Health insurance \$ 0.00					
	Disability insurance \$ 0.00					
	Health savings account + \$ 0.00					
	Total \$ Copy total here=>	\$	0.00			
	Do you actually spend this total amount? No. How much do you actually spend?					
	■ Yes \$					
26.	continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member your household or member of your immediate family who is unable to pay for such expenses. These expenses may		0.00			
27	include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b)	Ψ				
۷1.	Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply	<i>ر</i> .				
	By law, the court must keep the nature of these expenses confidential.	\$	0.00			

Rebecca L Horvath

Debtor 1

Debtor 1	Rebecca L Horvath		Case number (if	known)				
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insura	ance and ope	rating	expense	es on		
	If you believe that you have home energy or 8, then fill in the excess amount of home en		costs include	d in ex	penses	on line		
	You must give your case trustee documenta amount claimed is reasonable and necessa		ust show that	the ad	ditional		\$_	0.00
	29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$189.58* per child) that you pay for your dependent children who are younger than 18 years old to attend a private of public elementary or secondary school.			in ite or				
	You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.							
	* Subject to adjustment on 4/01/25, and ever	ry 3 years after that for cases begun on c	or after the da	te of a	djustme	nt.	\$_	0.00
	30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.							
	To find a chart showing the maximum additinstructions for this form. This chart may als			e sepa	rate			
	You must show that the additional amount of	laimed is reasonable and necessary.					\$_	0.00
	Continuing charitable contributions. The instruments to a religious or charitable orga		te in the form	of cas	h or fina	ıncial		
	Do not include any amount more than 15%	of your gross monthly income.				Γ	\$_	0.00
	Add all of the additional expense deduct Add lines 25 through 31.	ons.					\$_	0.00
Dedu	uctions for Debt Payment							
le	For debts that are secured by an interest in cons, and other secured debt, fill in lines of calculate the total average monthly payments.	33a through 33e.						
	reditor in the 60 months after you file for bar		440 10 04011	oodan	Ju			
	Mortgages on your home							ge monthly
33a.	Copy line 9b here					=> \$	aym	2,618.56
	Loans on your first two vehicles							
33b.	Copy line 13b here					.=> \$		780.00
33c.	Copy line 13e here					=> \$		702.50
33d.	List other secured debts:							
	e of each creditor for other secured debt	Identify property that secures the debt		incl	es paym ude taxe nsuranc	es		
430 & 432 Morgan Street Barberton, OH 44203 Summit County Situated in the County of Summit in the State of Ohio and in the City of Barberton: Known as all of Lot #87 in the Barberton Gardens Allotment, as recorded in Plat Book								
	PHH/New Res Mtg	41, Pages	i lat book		Yes	\$		999.00
		Yes	\$					
			163	Ψ				
					No Yes	٠.		
						+\$	_	
33e	Total average monthly payment. Add lines	33a through 33d	\$	5.10	0.06	Copy	\$	5,100.06
500			l *	- , . •		here=>	_ ۳ ا	-,

. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

☐ No. Go to line 35.

Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

rioni, arriad by do arra	III III die illierinaden belew.				
Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly	*
Huntington National Bank	3479 East Tuscarawas Ext. Barberton, OH 44203 Summit County See attached legal descripton	\$ 5,236.00	÷ 60 =	\$	87.27
Internal Revenue Service	430 & 432 Morgan Street Barberton, OH 44203 Summit County Situated in the County of Summit in the State of Ohio and in the City of Barberton: Known as all of Lot #87 in the Barberton Gardens Allotment, as recorded in Plat Book 41, Pages	\$ 91,765.38	÷ 60 =	\$	1,529.42
PHH/New Res Mtg	430 & 432 Morgan Street Barberton, OH 44203 Summit County Situated in the County of Summit in the State of Ohio and in the City of Barberton: Known as all of Lot #87 in the Barberton Gardens Allotment, as recorded in Plat Book 41, Pages	\$ 1,998.00	÷ 60 =	\$	33.30
			Cor	v	

Total \$ 1,649.99 | Copy total here=> \$ 1,649.99

÷ 60

35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. \S 507.

No. Go to line 36.

☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims_____

\$ <u>0.00</u> \$ 2,000.00

36. Projected monthly Chapter 13 plan payment

Average monthly administrative expense

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

X _____9.90

\$____198.00

Copy total here=> \$ 198.00

0.00

37. Add all of the deductions for debt payment. Add lines 33e through 36.

\$ 6,948.05

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances

Copy line 32, All of the additional expense deductions

\$ 1,991.00 \$ 0.00

Copy line 37, All of the deductions for debt payment +\$ 6,948.05

Total deductions.....

\$	8,939.05
'	

Copy total here=>

8,939.05

Part 2: Determine Your	Disposable Income Under 11 U.S.C. § 132	25(b)(2)					
	nt monthly income from line 14 of Form 1 urrent Monthly Income and Calculation of		l.		\$	9,000.00	
children. The monthly disability payments for	r necessary income you receive for suppor average of any child support payments, fost a dependent child, reported in Part I of Form with applicable nonbankruptcy law to the ed ded for such child.	ter care payments, or n 122C-1, that you	\$	0	.00		
employer withheld from	irement deductions. The monthly total of all n wages as contributions for qualified retirem ') plus all required repayments of loans from § 362(b)(19).	nent plans, as specifie	d \$	0	.00_		
42. Total of all deduction	s allowed under 11 U.S.C. § 707(b)(2)(A).	Copy line 38 here	=> \$	8,939	.05		
expenses and you hav their expenses. You me	I circumstances. If special circumstances jue no reasonable alternative, describe the spust give your case trustee a detailed explanation for the expenses.	ecial circumstances a	nd				
Describe the special circ	umstances	Amount of exp	ense				
		\$					
		\$		-			
		\$		-			
	Total	\$0.00	Co	py re=> \$ 	0.00		
44. Total adjustments. Ad	dd lines 40 through 43.	=>	\$	8,939.05	Copy here=> -\$	8,939.05	
	aly disposable income under § 1325(b)(2).	. Subtract line 44 from	line 3	9.	\$	60.95	
46. Change in income or have changed or are vitime your case will be of you filed your petition,	46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.						
Form Line	Reason for change	Date of chang	е	Increase or decrease?	Amount of change		
☐ 122C-1 ☐ 122C-2 ☐ 122C-2 ☐ 122C-1 ☐ 122C-1 ☐ 122C-2 ☐ 122C-2				☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Decrease	\$ \$		
☐ 122C-1 ☐ 122C-2				☐ Increase ☐ Decrease	\$	_	

Rebecca L Horvath

Debtor 1

Part 4:	Sign Below
E	By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.
X	/s/ Rebecca L Horvath
	Rebecca L Horvath
	Signature of Debtor 1
-	July 26, 2023 MM / DD / YYYY

Rebecca L Horvath

Debtor 1

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$78	administrative fee	
+ \$15	trustee surcharge	
\$338	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Northern District of Ohio

compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rende be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For legal services. I have agreed to accept Prior to the filing of this statement I have received \$ 4,000.00 Balance Due \$ 3,350.00 S 313.00 of the filing fee has been paid. The source of the compensation paid to me was: Debtor Other (specify): The source of compensation to be paid to me is: Debtor Other (specify): The value of compensation to be paid to me is: The acceptance of the compensation to be paid to me is: Acceptance of the above-disclosed compensation with any other person unless they are members and associates of my that a greed to share the above-disclosed compensation with a person or persons who are not members or associates of my law in the compensation of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankrupt b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; (I (Other provisions as needed) Department with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtor(s) in any dischargeability actions, or any other adversary proceedings. The fee doe include the appropriate chapter 7, 13 or 11 filing fee. CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor at 11 filing fee. CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor at 11	In re	Rebecca L Horvath		Case No.		
1. Pursuant to 11 U. S.C. § 329(a) and Fed. Bankr. P. 2016(b). I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rende be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For legal services. I have agreed to accept Prior to the filing of this statement I have received \$ 4.000.00 Balance Due \$ 3,350.00 S 313.00 of the filing fee has been paid. The source of the compensation paid to me was: Debtor Other (specify): The source of compensation to be paid to me is: Debtor Other (specify): The source of compensation to be paid to me is: Debtor Other (specify): I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my have copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankrupt b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; C. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor at the meeting of creditors and confirmation hearing. Solution of Faits 330-434-30			Debtor(s)	Chapter	13	
compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rende be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: For legal services, I have agreed to accept Prior to the filing of this statement I have received \$ 4,000.00 Balance Due \$ 3,350.00 Salance Due \$ 3,350.00 The source of the compensation paid to me was: Debtor Other (specify): The source of compensation to be paid to me is: Debtor Other (specify): The source of compensation to be paid to me is: Debtor Other (specify): The source of share the above-disclosed compensation with any other person unless they are members and associates of my representation of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankrupt b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; (I Other provisions as needed) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankrupt b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; Representation of the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtor(s) in any dischargeability actions, or any other adversary proceedings. The fee doe include the appropriate chapter 7, 13 or 11 filing fee. CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor at the meeting of Fallows and the film of Fallows and the debtor of the debtor of the debtor of the debto		DISCLOSURE OF COMPEN	NSATION OF ATTOI	RNEY FOR DE	CBTOR(S)	
Prior to the filing of this statement I have received \$ \$ 650.00 Balance Due \$ 3,350.00 2. \$ 313.00 of the filing fee has been paid. 3. The source of the compensation paid to me was: Debtor Other (specify): 4. The source of compensation to be paid to me is: Debtor Other (specify): 5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankrupt b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] 7. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] 7. Lecrify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor this bankruptcy proceeding. CERTIFICATION 1 Certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor and confirmation Belfance O18035 Signature of Attorney Roderick Linton Belfance LLP 50 South Main Street, 10th Floor Akron, 0H 44308 30-434-3000 Fax: 330-434-9220	C	ompensation paid to me within one year before the filin	g of the petition in bankruptcy,	or agreed to be paid	to me, for services rendere	ed or to
Balance Due \$ 3,350.00 2. \$ 313.00 of the filing fee has been paid. 3. The source of the compensation paid to me was: Debtor Other (specify): 4. The source of compensation to be paid to me is: Debtor Other (specify): 5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law for copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankrupt b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] 7. By agreement with the debtor(s) the above-disclosed fee does not include the following service: Representation of the debtor(s) in any dischargeability actions, or any other adversary proceedings. The fee doe include the appropriate chapter 7, 13 or 11 filing fee. CERTIFICATION 1 Certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor this bankruptcy proceedings. July 26, 2023 Date S/Kathryn A. Belfance Kathryn A. Belfance Kathryn A. Belfance LP 50 South Main Street, 10th Floor Akron, OH 44308 330-434-3000 Fax: 330-434-9220		For legal services, I have agreed to accept		\$	4,000.00	
2. \$ 313.00 of the filing fee has been paid. 3. The source of the compensation paid to me was: ■ Debtor □ Other (specify): 4. The source of compensation to be paid to me is: ■ Debtor □ Other (specify): 5. ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my □ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my □ I have agreedent, together with a list of the names of the people sharing in the compensation is attached. 6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankrupt b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] 7. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtor(s) in any dischargeability actions, or any other adversary proceedings. The fee doe include the appropriate chapter 7, 13 or 11 filing fee. CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor this bankruptcy proceedings. July 26, 2023 July 26, 2023 /s/ Kathryn A. Belfance Kathryn A. Belfance LLP 50 South Main Street, 10th Floor Akron, OH 44308 330-434-3000 Fax: 330-434-9220		Prior to the filing of this statement I have received		\$	650.00	
The source of the compensation paid to me was: □ Debtor □ Other (specify): 1. The source of compensation to be paid to me is: □ Debtor □ Other (specify): 5. □ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. 6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankrupt b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] 7. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtor(s) in any dischargeability actions, or any other adversary proceedings. The fee doe include the appropriate chapter 7, 13 or 11 filing fee. CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor this bankruptcy proceeding. July 26, 2023 Date Sk Kathryn A. Belfance Kathryn A. Belfance Kathryn A. Belfance LLP 50 South Main Street, 10th Floor Akron, OH 44308 330-434-3000 Fax: 330-434-9220		Balance Due		\$	3,350.00	
Debtor Other (specify): The source of compensation to be paid to me is: Debtor Other (specify): I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law for copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankrupt b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtor(s) in any dischargeability actions, or any other adversary proceedings. The fee doe include the appropriate chapter 7, 13 or 11 filing fee. CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor this bankruptcy proceeding. July 26, 2023 July 26, 2023	2. \$	313.00 of the filing fee has been paid.				
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I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debte this bankruptcy proceeding. July 26, 2023	7. B	Representation of the debtor(s) in any discl	hargeability actions, or any c		ceedings. The fee does	not
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Nater Kathryn A. Belfance 0018035 Signature of Attorney Roderick Linton Belfance LLP 50 South Main Street, 10th Floor Akron, OH 44308 330-434-3000 Fax: 330-434-9220			y agreement or arrangement for	payment to me for re	epresentation of the debtor	(s) in
Signature of Attorney Roderick Linton Belfance LLP 50 South Main Street, 10th Floor Akron, OH 44308 330-434-3000 Fax: 330-434-9220	Ju	ly 26, 2023				
330-434-3000 Fax: 330-434-9220	Da	te	Signature of Attorne Roderick Linton Bo 50 South Main Str	ey elfance LLP		
				ıx: 330-434-9220		
Name of the firm			Name of law firm	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

United States Bankruptcy Court Northern District of Ohio

In re	Rebecca L Horvath		Case No.				
		Debtor(s)	Chapter	13			
	VERIFICATION OF CREDITOR MATRIX						
The abo	ove-named Debtor hereby verifies	that the attached list of creditors is true and con	rrect to the best	of his/her knowledge.			
Date:	July 26, 2023	/s/ Rebecca L Horvath					
		Rebecca L Horvath					

Signature of Debtor

Akron Digestive Disease Consultants 570 White Pond Drive Akron, OH 44320

Ally Financial, Inc Attn: Bankruptcy 500 Woodard Ave Detroit, MI 48226

Ally Financial, Inc P.o. Box 380901 Bloomington, MN 55438

Amex Correspondence/Bankruptcy Po Box 981540 El Paso, TX 79998

Amex P.o. Box 981537 El Paso, TX 79998

Attorney General of the U.S. U.S. D.O.J. Tax Division Civil Trial Section, N.Region P.O. Box 55, Ben Franklin Station Washington, DC 20044

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Po Box 31293 Salt Lake City, UT 84131

Chase Auto Finance Attn: Bankruptcy Po Box 901076 Fort Worth, TX 76101

Chase Auto Finance 700 Kansas Lane Monroe, LA 71203

Credit Corp. Solutions 121 West S Election Rd Draper, UT 84020

Digestive Health Center 570 White Pond Drive Suite 150 Akron, OH 44320-4207

Discover Financial Attn: Bankruptcy Po Box 3025 New Albany, OH 43054

Discover Financial Po Box 30939 Salt Lake City, UT 84130

HRN 608 S Tuscarawas Avenue Dover, OH 44622

Huntington National Bank Attn: Bankruptcy Po Box 89424 Cleveland, OH 44101

Huntington National Bank Po Box 1558 Columbus, OH 43216

Huntington Voice P.O. Box 182387 Columbus, OH 43218

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Internal Revenue Service Insolvency Group 6 1240 East Ninth Street Room 493 Cleveland, OH 44199 Kohls/Capital One Attn: Credit Administrator Po Box 3043 Milwaukee, WI 53201

Kohls/Capital One Po Box 3115 Milwaukee, WI 53201

Macys/fdsb Attn: Bankruptcy 9111 Duke Boulevard Mason, OH 45040

Macys/fdsb Po Box 6789 Sioux Falls, SD 57117

Max Lend P.O. Box 639 Parshall, ND 58770

Midland Funding/Midland Credit Mgmt Attn: Bankruptcy Po Box 939069 San Diego, CA 92193

Midland Funding/Midland Credit Mgmt 320 East Big Beaver Troy, MI 48083

NCB Management Services Attn: Bankruptcy 1 Allied Drive Trevose, PA 19053

NCB Management Services 1 Allied Drive Trevose, PA 19053

Nick Gessler 3479 East Tuscarawas Ext. Barberton, OH 44203 PHH/New Res Mtg P.O. Box 24738 West Palm Beach, FL 33416

Santander Consumer USA PO Box 660633 Dallas, TX 75266

Service Finance P.O. Box 645487 Cincinnati, OH 45264

Summa Health P.O. Box 771880 Detroit, MI 48277

Timothy Joseph Horvath 2058 Como Street Port Charlotte, FL 33948

United States Attorney Northern District of Ohio 801 Superior Avenue, Suite 400 Cleveland, OH 44113-1852

Verdict Assurance Group LLC 2125 Center Avenue #308 Fort Lee, NJ 07024